

**PROFESSIONALISATION AND INDUSTRIAL RELATIONS:  
THE NEW ZEALAND NURSES ASSOCIATION IN THE 1960S**

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**ABSTRACT**

This thesis examines the attempt by the New Zealand Registered Nurses Association to enhance nursing's professional status and its involvement in industrial relations in the 1960s. It is asserted that because nursing was a female-dominated occupation with a strong service ethic it would be very difficult for the Association to achieve its goal. After a long struggle the Association did increase its professional status as well as becoming more like a trade union.

The first part of the thesis examines the professionalisation of nursing with regard to education and public relations. The second part deals with the Association's activities in industrial relations and its attitudes towards unionism.

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## INTRODUCTION

The attitudes of professional people and unionists are usually seen as being mutually exclusive. In the 1960s the New Zealand Registered Nurses Association (N.Z.R.N.A.) was aspiring to professional status at the same time as it was attempting to gain a more forceful position in industrial relations. The tensions between its professionalisation and industrial relations moves are made even more complex when gender is taken into account. Professions are usually associated with traditional male occupations. Nursing, which is traditionally almost exclusively a women's occupation, took on the label of "profession" and used some virtues associated with women to attempt to gain professional status in a patriarchal society. However, nurses did not get the same financial rewards as members of male professions and this became important at a time when nursing was competing with other occupations for quality recruits. Nurses had to improve their industrial relations situation in the 1960s while still maintaining and furthering their professional ethic and upholding their image as good women.

The purpose of this thesis is to look at the actions of the New Zealand Registered Nurses Association in response to this dilemma. The Association was not representative of the attitudes of all registered nurses in New Zealand in the 1960s. Many nurses who worked on the wards in the 1960s either felt alienated from the senior nurses, who had the power within the Association, or they simply did not understand or know what the Association did.<sup>1</sup> The N.Z.R.N.A. appears to have focused on the professional nurse, or the nurse who chose to

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<sup>1</sup> Marie Wilde, interview by author (Christchurch Hospital: 9 March 1992)

make nursing her career. The Association was also exclusively made up of women until 1969 when male nurses were permitted to join. The main sources which have been used in gaining an insight into the N.Z.R.N.A. have been the Association's records, Health Department records and the journal of the Association, the New Zealand Nursing Journal.

There has been other work on both the professionalisation of nursing in New Zealand and industrial relations in the 1960s, but both issues have not been dealt with together from a historical perspective. Professionalisation of nursing has been looked at in the period from 1900 to 1930 in different ways. Beryl Hughes made a very interesting study on professionalisation in relation to university education and nursing in the 1920s.<sup>2</sup> Sandra Wallace has looked at nurses' education in the context of professionalisation in the early decades of this century.<sup>3</sup> Jan Rodgers looks at the period from another angle by evaluating how the "Nightingale ethos", or service ethic of nursing, obstructed nurses from achieving changes to nursing education.<sup>4</sup> The period 1900 to 1930 can be identified as a first wave of nursing professionalisation, and provides the background for the 1960s.

Kim Filshie looks at the professionalisation of nursing in relation to nursing education in the 1960s and 1970s. Marion Penny's sociological study of student nurses role-perception in the 1960s provides a valuable insight into the hierarchial nature of nursing and

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<sup>2</sup> Beryl Hughes, "Nursing education: the collapse of the Diploma of Nursing at the University of Otago 1925-1926," N.Z.J.H., vol.12, (1978)

<sup>3</sup> Sandra Wallace, "The Professionalisation of Nursing 1900-1930" (B.A. Hons, University of Otago 1987).

<sup>4</sup> Jan Rodgers, "Nursing Education in New Zealand, 1883-1930: The Persistence of the Nightingale Ethos" (M.A., Massey University, 1985).

its career concepts.<sup>5</sup> Byron Buick-Constable and Irene Krause have both examined industrial relations and nursing in New Zealand from an economics perspective.<sup>6</sup> Both these theses give good descriptions of what was happening in the area of industrial relations but they do not put industrial relations in the 1960s within an historical context.

In this thesis I will analyze both the professional aspect of the N.Z.R.N.A. and its industrial relations strategy. I will look at them separately, for simplicity's sake, and then evaluate their compatibility in the conclusion. In Part I, I will look at professional issues. Chapter One examines the shift from nursing as a vocation to nursing as a semi-profession by the 1960s. This shift will be viewed within the context of aspects of the history of New Zealand nursing. In Chapter Two, I identify a crisis in New Zealand nursing in the 1960s. No longer were the ideas associated with nursing as a vocation adequate. Society and technology had changed which meant that the N.Z.R.N.A. had to become more sophisticated in order to keep up. Education demands were a response to this crisis and these are dealt with in Chapter Three. Particular emphasis is given to the attempt to get nursing into the universities since it was a good illustration of attitudes relating to nursing's professional status. The importance of public relations to the N.Z.R.N.A.'s professional status is looked at in Chapter Four.

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<sup>5</sup> Marion Penny, "The Student Nurse in New Zealand: An Exploration in Role Perception" (M.A., University of Canterbury, 1968)

<sup>6</sup> Byron Buick-Constable, "New Zealand Professional Associations. A Case Study: The New Zealand Registered Nurses Association Inc (B.A. Hons, Victoria University, 1967).

Irene Krause, "A Perspective on Industrial relations in Nursing in New Zealand" (M.A., University of Otago, 1978)

Part II of the thesis deals with the N.Z.R.N.A. and industrial relations. Chapter Five goes back in time to examine the general industrial relations system in New Zealand and how the N.Z.R.N.A. has viewed it historically. It reveals the shortcomings of the method of industrial relations which nurses chose to use up until the 1960s. Chapter Six deals with how the N.Z.R.N.A. went about improving the salaries and conditions of its members, during the 1960s, within its existing form of industrial relations, while at the same time demanding a better wage fixing machinery.

In my conclusion, I will evaluate how successful the N.Z.R.N.A. was in establishing itself as a profession while at the same time fighting for major change on the industrial relations front.



## PART I

### PROFESSIONALISATION

#### CHAPTER ONE

##### VOCATION, PROFESSION AND GENDER: NEW ZEALAND NURSING TO 1960

Nursing has been described as both a vocation and an art. It has also, increasingly, been seen as a profession based on ever more sophisticated scientific knowledge. In the 1960s the N.Z.R.N.A. was quite clear that nursing was a profession and used this conviction to achieve changes in the nature of nursing and in industrial relations. In this chapter I will give an outline of aspects of the history of modern nursing so that we can see why and how nurses began to call themselves professionals. Firstly I will look at the concept of a vocation and how this related to nursing and then I will do the same with the concept of a profession. I will mainly concentrate on the early period of New Zealand nursing, since it was at this time that the professional idea first developed. When looking at a traditionally female-dominated occupation such as nursing, issues of gender also have major consequence and so gender will be examined in the context of both a vocation and a profession.

##### NURSING - THE VOCATION

New Zealand nursing, as with most other modern nursing, had its roots in what can be loosely termed the "Nightingale tradition", that is the perceived changes to the nature of nursing after the establishment of Florence Nightingale's schools. This tradition can

be described as very vocation orientated rather than professional. Nursing was a calling which required an absolute sense of devotion. This sense of devotion and service linked very well to gender. Nursing was seen as an extension of women's role in the home as the care giver. It was therefore not seen as an occupation. The sense of giving oneself to others was consistent with what society at the time thought that a good woman should do. Rates of pay were not an issue since nursing was less an occupation than a vocation which meant putting others first. Florence Nightingale spelt these points out very well in a letter to her St. Thomas's trainees in 1881. She said that to "be a good nurse one must be a good woman; here we shall all agree what makes a good woman is [her] better or higher or holier nature, quietness, gentleness, patience, endurance, forbearance...We need above all to remember that we came to learn, to be taught, hence we came to obey."<sup>1</sup>

Nightingale schools were seen as respectable place for young women to train for a vocation. They had a discipline like a military structure and morality was seen as being paramount for the new trainees. The badges, caps, uniforms and ranks all symbolised the rigid codes of discipline. Probationers were chosen from those who could read and write but a high moral standard was considered more important than educational attainment.<sup>2</sup> The high standards of morality which were required, especially sexual morality, were particularly useful in attracting recruits. Parents would be more likely to allow

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<sup>1</sup> Quoted in Jan Rodgers, "Nursing Education in New Zealand, 1883-1930: The Persistence of the Nightingale Ethos" (M.A., Massey University, 1985), p.9

<sup>2</sup> Brian Abel-Smith, A History of the Nursing Profession, (London: Heinemann, 1960), p.21

their daughters to embark on a nursing vocation if they knew that high morals would be insisted upon.<sup>3</sup>

Those who were recruited tended to be either single "ladies" or respectable working class or lower middle class girls. Training differed between the two classes of women. Ladies paid fees to be trained while the other probationers received free training and maintenance. The fees paid by the ladies enhanced the view that nursing was something one did in order to do good works and that it was not merely an occupation. Nursing was taken on by "ladies" who wanted to do something useful with their time by helping others.

Lady Probationers were often trained to be matrons, a vocation in which they could continue for the rest of their lives. It was these matrons who took administrative control of the hospitals from male doctors and chaplains. It was Nightingale's wish that these women be made responsible for management and discipline.<sup>4</sup> The Matron had an employer-type role, as well as a leadership position within nursing culture. This was to prove difficult for nurses later, since their nursing representative in industrial relations was also their boss.

Nursing histories began to appear during the Nightingale reforms and these added to the great Nightingale myth that nursing was a progressive vocation. Christopher Maggs challenges the myth in his work on nursing history. He states that most of those who wrote the histories were actually involved in nurses' struggle for status. There were still problems in nursing such as inadequate training and many nurses spent a lot of their energy and time carrying out domestic duties. The histories, though, glorify this period as one of great

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<sup>3</sup> *ibid.*, p.22

<sup>4</sup> *ibid.*, p.25

change where the old drunken working class woman was replaced by the chaste and serene middle class woman. Maggs does not, however, believe that the authors of the nursing histories were simply seeking to glorify their own role. Rather they were attempting to elevate nursing's status as a vocation for single women.<sup>5</sup> In England at the time there was a low rate of marriage and a later marriage age than previously and this combined to produce a large number of single women.<sup>6</sup> To achieve the new status they had to give a picture of a nurse who was quite distinct from the older working class nurses. The great potential of nursing for genteel women became well publicised.<sup>7</sup>

The irony was, however, that these middle class "ladies" were often doing work which was manual and dirty, the kind of work that a working class woman would do. The subtle difference was that nursing was a vocation and not a job, it was something that was done by choice.

In New Zealand, as in England, a distinction was made between the pre and post Nightingale nurse. In New Zealand the early hospitals tended to be for Maori and the poor. Nursing care was provided by women mainly from the working class but Burgess states that although these nurses were unqualified "they do not appear to have acquired the Sairey Gamp image of their counterpart in England."<sup>8</sup> This is attributable to the fact that the class structure was not bound by the same rigidity as the English one and the hospitals were not as old.

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<sup>5</sup> Christopher Maggs, ed., "Nursing history: Contemporary practice and contemporary concerns", chap. in Nursing history: The State of the Art (London: Croom Helm, 1987), p.3

<sup>6</sup> Hughes, Beryl, "The development of nursing as a profession in New Zealand", N.Z.N.J., vol.71, no.3, (1978), p.17

<sup>7</sup> Brian Abel-Smith, p.18

<sup>8</sup> Burgess, Marie, Nursing in New Zealand Society (Auckland: Longman Paul, 1984), p.4

By the 1880s, however, some New Zealand hospitals had training courses for nurses in order to attract women from the middle class. By 1887 some hospitals were training "ladies" as probationers, instructing them in scientific nursing skills as well as the domestic duties already associated with nursing.<sup>9</sup> Nurses from the Nightingale schools had come to New Zealand and they brought with them their strong sense of vocation.

Nursing in New Zealand was different from nursing in England in the way that the training was arranged. In New Zealand, instead of paying fees like upper middle class women did in Britain, probationers of all social origin were paid half the salary of an ordinary nurse, thus marking the beginnings of the apprenticeship style nursing. New Zealand did not have an abundance of single women as England did. In fact in New Zealand in 1890 there were only 88 women to every 100 men.<sup>10</sup> A pioneer society was less opposed to women actually working than a rigidly class bound society such as England. In New Zealand it was more difficult to attract women to nursing since most women had the option of marriage available to them which they took up. Nursing was hard work and poorly paid. Beryl Hughes states that as a result of this, standards of admission into nursing were not high.<sup>11</sup> Nursing, then, appeared to be more of an occupation in New Zealand, although it was still to some extent seen as a vocation.

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<sup>9</sup> Jan Rodgers, "Nursing in New Zealand (Part one)- The development of formal nursing in New Zealand 1840-1900," Bulletin of the History of Nursing, vol.2, no.5, p.24

<sup>10</sup> Erik Olssen, "Towards a New Society," Oxford History of New Zealand, ed. W.H. Oliver and B.R. Williams (Auckland: Oxford University Press, 1981), p.251

<sup>11</sup> Beryl Hughes, N.Z.N.J., (1978), p.19

A NURSING PROFESSION IN NEW ZEALAND?

By the turn of the century nursing was seen by many in New Zealand as something more than a vocation. The term "nursing profession" began to be used more widely and it continues to be used to this day. In order to see if New Zealand nursing did, indeed, begin to professionalise we need to look briefly at the term itself.

It is not surprising that many occupational groups aspire to the term profession since it implies a high status which is denoted because of some higher degree of knowledge or skill that ordinary occupations do not have.<sup>12</sup> To call an occupation a profession indicates that the occupation's members want to be set aside from other workers, since they see that their work has certain elements which distinguish it from ordinary work. Taking a more cynical view, professions are what Becker, a sociologist, calls "those occupations which have been fortunate enough in the politics of today's world to gain and maintain that honorific title."<sup>13</sup>

The term "profession" has been the subject of debate amongst sociologists for many years. It appears that the fathers of sociology, Marx and Weber, said very little about professionals and how they fitted into the social structure. Burrage comments that Durkheim did look at them but without any real historical analysis, only analyzing how they might or should act.<sup>14</sup> It appears, then, that the term is

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<sup>12</sup> Peter Jarvis, Professional Education (London: Croom Helm, 1983), p.20

<sup>13</sup> Becker, S. quoted in Margaretta Styles, On Nursing: Toward a New Endowment (St. Louis: C.V. Mosby Co, 1982), p.15

<sup>14</sup> Michael Burrage, "Introduction- The Professions in Sociology and History,, in Professions in Theory and History- Rethinking the Study of Professions, ed. M. Burrage & R. Torstendahl (London: Sage Publications, 1990), p.1

just as ambiguous as any other sociological term. I will not look deeply into the sociological issues surrounding professions but I will look at some of the definitions which have been attempted and see if they are relevant to a study on the N.Z.R.N.A..

Many sociologists have used a set of criteria to define a profession and Ernest Greenwood is one such figure. Other theses on the professionalisation of nursing have used this approach and have, in particular, adopted Greenwood's list of the five attributes of a profession. Both Byron Buick-Constable and Sandra Wallace use Greenwood's attributes when discussing the professionalisation of nursing.<sup>15</sup> I, too, will use Greenwood's model, but I will add to his list which is by no means definitive.

Greenwood states that "succinctly put all professions seem to possess systematic theory, authority, community sanction, ethical codes, and a culture".<sup>16</sup> He goes on to explain that these attributes are located along a continuum with professions having a far greater quantity of such attributes than other occupation groups. I will add to this list by using two of William Goode's attributes regarding professional culture.

(1) Greenwood's defines systematic theory as a body of knowledge organised into an "internally consistent system"<sup>17</sup> The body of knowledge usually would be obtained in a university type setting, a

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<sup>15</sup> Byron Buick-Constable, "New Zealand Professional Associations. A Case Study: The New Zealand Registered Nurses' Association Inc" (B.A. Hons., Victoria University, 1967), p.6-8 and Sandra Wallace, "The Professionalisation of Nursing 1900-1930" (B.A. Hons, University of Otago, 1987), p.66-70

<sup>16</sup> Ernest Greenwood, "Attributes of a Profession," Social Work, vol.2, no.3, (1957), p.45

<sup>17</sup> *ibid.*, p.46

school, or some type of institute where it can be properly internalised and maintained. There are free lance professions such as art and composing which use a different type of knowledge but even these are now usually in schools or institutes. Professionals have a "critical as opposed to a reverential" attitude towards their knowledge bases.<sup>18</sup> These factors are quite distinct from education gained on the job, relying on procedures, which most New Zealand nurses received before 1970.

(2) Professional authority means that the profession dictates what is right for the client - because the client is quite incapable of diagnosing his or her needs. There is a responsibility on the part of the professional not to prescribe guidelines for the client that are not related to his or her competence.<sup>19</sup>

(3) The profession has community sanction because legislation or licensing rules ensure that no one outside the profession has the right to practise it. The profession also makes its own rules. Goode takes this point even further and states that although professional behaviour is regulated by the law the professional community will demand an even higher standard of behaviour.<sup>20</sup> A high standard of service would be an example of this. This in turn increases its prestige in the public's eyes.

(4) Ethics are regulatory codes, informal and formal, which ensure that the professional does not abuse his or her authority. Ethics require

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<sup>18</sup> *ibid.*, p.47

<sup>19</sup> *ibid.*, p.48

<sup>20</sup> William J. Goode, "Community within a Community: The Professions," The Study of Society: An Integrated Anthology, ed. Peter I. Rose (New York: Random House, 1967), p.580



a professional to "assume an emotional neutrality" toward clients.<sup>21</sup> This means that all clients get the same level of service and the professional must divorce him or herself from any personal feelings he or she may have towards the client. Professionals must be supportive and cooperative towards fellow professionals and they must not behave in a manner which could damage the profession's reputation.

(5) Professions have their own cultures which consist of their "values, norms and symbols". One of the most fundamental values a profession has is the essential worth of service to others. The discourse of this culture is usually characterised by the profession's own code words and technical terms. Members of the profession often socialise together which strengthens their culture. A professional culture implies that if a person is in a particular profession, the profession is their life and this forms the concept of a career.<sup>22</sup>

(6) Once in the profession few people leave it, so there is an idea of continuing status within the profession which helps maintain the profession's culture. The profession's stability is also enhanced by this.

(7) The profession produces a next generation. This is achieved through the selection of trainees and the socialisation process which they undergo as they are accepted into the profession.<sup>23</sup>

These criteria, when considered together, suggest that a profession does have more autonomy than other occupations as well as a higher degree of status. A discussion of professions cannot be made in the

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<sup>21</sup> Ernest Greenwood, p.51

<sup>22</sup> *ibid.*, p.53

<sup>23</sup> William Goode, p.578

context of nursing without looking at the additional factor of gender. In our society there are no female-dominated occupations which would fall totally within the definition of a profession which has just been given. This is a depiction of our patriarchal society. Professions such as law and medicine which match the definition fully have traditionally been predominantly male occupations.

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I will now go on to look at the early professionalisation of nursing up until the 1960s and then briefly see how far nurses succeeded in becoming professionals. Registration was considered to be a means of gaining professional status by some New Zealand nurses. This view was different from that held by Florence Nightingale who believed that the registration and the examinations which would be involved would mean that less attention would be spent on the personal qualities of nursing recruits. She believed that an examination could only test knowledge which could be gained within six months.<sup>24</sup> This attitude suggests that Nightingale valued the vocational aspects of nursing rather than any notions of professionalisation which relied upon education.

The individual personalities of New Zealand nursing leaders and the different social climate in New Zealand meant that New Zealand nursing deviated from the Nightingale tradition with respect to registration. Grace Neill was New Zealand's first real nursing leader. She had taken part in the drafting of the constitution for the International Council of Nurses who held their first congress in 1901.<sup>25</sup> More importantly, she was responsible for initiating nursing

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<sup>24</sup> Brian Abel-Smith, p.65

<sup>25</sup> Beatrice Salmon, "The International Idea," Objects and Outcomes: New Zealand Nurses' Association 1909-1983, ed. M. Gibson Smith and Y.T. Shadbolt (Wellington: N.Z.N.A., 1984), p.120

registration. Indeed, New Zealand was the first country in the world to adopt this system. Neill was a strong woman with a "commitment to women's rights and a sympathy for the women's perspective on public health matters."<sup>26</sup> She spoke of a nurse needing to equip "herself with the best educational grounding attainable"<sup>27</sup> and argued that doctors should support registration for nurses since they insisted upon registration for their own profession.<sup>28</sup> The Nurses Registration Act was passed in 1901 after receiving the support of most nurses and doctors. The bill went through Parliament with some members concerned that if nurses became too technical, they would have their womanly qualities spoiled as a result.<sup>29</sup> Others took the view that it would "cause them to practise well their noble calling".<sup>30</sup> Generally the view taken was that if nurses were registered it would be a good check on nursing standards and this would be no great threat to the medical profession.

Registration did mean a certain degree of autonomy for the profession and its leaders. Grace Neill actually drafted the registration and examination procedures and she designed the medal. Later she lobbied for a Nurses and Midwives Act which was passed in 1904. While New Zealand nurses had made inroads into professional status, English nurses did not achieve registration until 1919. Hester

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<sup>26</sup> Margaret Tennant, "Mrs Grace Neill in the Department of Asylums, Hospitals, and Charitable Institutions," N.Z.J.H., vol.12, (1978), p.5

<sup>27</sup> J.O.C. Neill, Grace Neill: The Story of a Noble Woman (Christchurch: N.N. Peryer, 1961), p.40

<sup>28</sup> *ibid.*, p.44

<sup>29</sup> Hon. Mr K.T. Kelly, N.Z.P.D., vol.116 (July 1-July 26 1901), p.180

<sup>30</sup> Hon. Mr Arnold, N.Z.P.D., vol. 117 (15 August 1901), p.393

MacLean, the next leading figure in New Zealand nursing, set out the conditions for English nurses obtaining registration in New Zealand. New Zealand nurses were then accepted for registration in England unconditionally. This had meant that New Zealand nurses were further on in their fight to attain professional standards of training than were their English counterparts.

The greatest advance towards professionalisation after registration came in 1909 when the New Zealand Trained Nurses Association (N.Z.T.N.A.) was formed as the professional body of nursing. The Association's first objectives were to unite all local associations by promoting fellowship amongst nurses, to "encourage a high ideal" of the profession, to discuss training and problems so improvements could be made, to discuss and act upon any proposed legislation regarding nurses, and "to guard against the possibility of nurses trained and registered in New Zealand not being eligible for registration on equal terms with the nurses of Great Britain".<sup>31</sup> The Association started off as a mouth piece for nurses with the aim of ensuring that the highest of standards of nursing would be kept. Even though the Association needed members it ensured that those who were recruited to join the Association were of good character. Nurse members had to be "respectable" and they had to have a testimonial from a local matron.<sup>32</sup> The establishment of the professional association indicates that trained nurses wished to be thought of as quite different from untrained ones.

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<sup>31</sup> Kai Tiaki vol. 2, no. 3, (1909), p.82

<sup>32</sup> "N.Z.N.A. Structure and Function: 1909-1983," Objects and Outcomes, ed. M. Gibson Smith and Y.T. Shadbolt (Wellington: New Zealand Nurses' Association, 1984), p.3

When the Association was established there was already the journal, Kai Tiaki, which became the New Zealand Nursing Journal (N.Z.N.J.) in 1930. Today it is still referred to as Kai Tiaki by most nurses. Hester MacLean began the Journal, in 1908, since she saw the "need for some medium of communication in New Zealand" amongst nurses.<sup>33</sup> The Journal reflected the views held by the Association. In 1912 an editorial in the Journal expressed concern that the term nurse was being used to describe both registered and unregistered nurses. The author asked in desperation "What can be done to protect this name so hardly won and so much abused?"<sup>34</sup> This shows that registered nurses wanted to make a distinction between the professional and the unprofessional nurse.

Another example in the Journal which expressed the Association's views, showed that the Nightingale vision of nursing as a vocation had not been extinguished by nursing's growing professionalism. The editorial stated that although nurses may sometimes see hospital training and the needs of the hospital as unfair, a true nurse who has "the old religious spirit of service" will not see the time she spends in the hospital training as being to her advantage "but as a means of helping others, of relieving suffering, and secondly of qualifying herself for a profession in which, of all professions, she can do most good."<sup>35</sup> This statement illustrates the strong link between nurses' professionalism and a self sacrificing version of service.

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<sup>33</sup> Hester MacLean, Nursing in New Zealand: History and Reminiscences (Wellington: Tolan Printing, 1932), p.71

<sup>34</sup> Kai Tiaki, vol.5, no.3, (1912), p.45

<sup>35</sup> N.Z.N.J., vol.10, no.2, (1917), p.68

The Association was officially recognised by the Government in 1925 with the passing of the Nurses and Midwives Act which established the Nurses and Midwives Board. The Board comprised of the Director General of Health, the Director of the Division of Nursing in the Health Department (who was always a former practising nurse), a medical practitioner and, most importantly, a nurse and a midwife - the last two selected by the Association or by any other such organisation that the Minister of Health approved.<sup>36</sup> The Board was to determine nurse training, conduct examinations and authorise registration. It also had the power to remove a nurse from the register if she had committed a crime punishable by imprisonment or she had been guilty of conduct which would dishonour her in public estimation.<sup>37</sup> Even though the N.Z.T.N.A. did not have a guaranteed right to nominate nurses on to the Board, it was specifically mentioned in the Act. This implied that it should be the organisation that made nominations for the Board. Effectively, then, there were three nurses out of the five members of the Board and they would have very strong connections with the N.Z.T.N.A.. It appeared that the N.Z.T.N.A. had gained a certain degree of autonomy and therefore a measure of professional status.

The N.Z.T.N.A. did not gain any status as a profession in the area of education at this time. Between 1900 and 1930 health care became more complex. The body of knowledge expected of nurses increased after World War I. While nurses still carried out many domestic duties, a greater need to help the doctor developed since medical knowledge had expanded.<sup>38</sup> Education for nursing tutors was poor and had not kept up

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<sup>36</sup> Nurses and Midwives Registration Act 1925, section 4

<sup>37</sup> ibid., section 21

<sup>38</sup> Sandra Wallace, p.55

with the changing environment. Miss Holford, president of the Association, said that nursing was recognised as a trade and not a profession for these reasons.<sup>39</sup> Nurses reacted to the situation by making an attempt to get a diploma course established at Otago University. Beryl Hughes, in her study of this attempt to get university education for nurses in the 1920s, sees it as being the first endeavour by nurses in New Zealand to provide instruction for nurses "based on their own educational requirements and not on the service needs of the hospitals".<sup>40</sup>

Sadly the course only lasted a few months because neither the Health Department nor the University could agree on who would pay the salaries of the tutors. The N.Z.T.N.A. was even willing to contribute to the salaries of the course's teachers from its own small financial resources, but to contribute was all they could do.<sup>41</sup> The University did not think that it was its business to provide university education for nurses. Advanced education in nursing was a relatively new idea which was not appreciated or understood by the majority of people at the time.<sup>42</sup> The University's lack of enthusiasm for the diploma can be understood in light of the poor education standard of most nurses. The minimum standard was informally recognised as being education to Standard Six level which is the equivalent of Form Two today.

Jan Rodgers, who has looked at nursing education in the early twentieth century, suggests that although many doctors supported higher

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<sup>39</sup> Beryl Hughes, "Nursing education- the collapse of the Diploma of Nursing at the University of Otago 1925-1926," N.Z.J.H., vol.12, (1978), p.23

<sup>40</sup> *ibid.*, p.17

<sup>41</sup> *ibid.*, p.33

<sup>42</sup> *ibid.*

education for nurses it was the doctors within the university who did not give the idea support. One possible reason for this could have been financial constraints.<sup>43</sup> She also states that the strong Nightingale ethos of dedication and devotion meant that it was difficult for people to envisage nursing training outside the hospital where this ethos prevailed.<sup>44</sup>

An alternative was provided for nurses, in 1928, by a programme at Victoria University which was supervised by the Health Department, the Hospital Boards Association and Victoria University College. This was a six month post-registration course for those who would go on to be tutors or matrons. The lack of support for the original course meant that advanced theoretical knowledge was to be kept away from the majority of nurses and hospital boards continued to get their cheap labour from the apprenticeship style of nursing. It is interesting to keep the attitudes that were displayed at this time in mind since nurses made another attempt to get into the universities in the 1960s.

Between the years 1900 and 1930 there appeared to be almost a first wave of professionalisation of nursing. However, from 1930 to 1960 there were a few incidents which indicated an increasing professionalisation of nursing. In 1930 the Association asked the Government to submit to it any legislation which would affect the nursing profession so that the Association could consider it. This request shows that the Association was moving towards greater autonomy. In 1934 the name of the N.Z.T.N.A. changed to the New Zealand Registered Nurses Association (N.Z.R.N.A.). The changing of the word "trained" to "registered" showed that the Association wished to

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<sup>43</sup> Jan Rodgers, (1985), p.78

<sup>44</sup> *ibid.*, p.92



emphasis that its members were not merely trained, they were registered.

In 1934 the Association resolved to recommend that all voluntary organisations employing nurses had to have a representative of the Association on their executive. This was due to an incident regarding the resignation of the Director of the Division of Nursing of the Plunket Society. The had shown that it was willing to ensure that its members were protected.<sup>45</sup>

After World War II, the N.Z.R.N.A. accepted a professional responsibility to work with the Health Department in solving staffing problems. It was also at this time when it was realised that changes in nursing education were needed. In the 1950s the Association began reorganising its committees so that nursing problems would be able to be dealt with more efficiently.

Other changes were made in the 1950s in hospitals which showed that the Nightingale vision of service was beginning to break down. At Christchurch Hospital before 1953 nurses were not allowed to go skating or skiing because it was felt that it would be easy for them to have accidents which could put them off work. The philosophy behind this was that nurses were supposed to serve others they were not supposed to put themselves in a position which could mean that they would have to be nursed. This changed with the appointment of a new matron, Mrs Chambers, who allowed nurses to skate and ski.<sup>46</sup>

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<sup>45</sup> "N.Z.N.A.: Structure and function", Objects and Outcomes, p.5

<sup>46</sup> Alice Silverson, interviewed by author (Christchurch: 16 April 1992)

How far had nursing succeeded in becoming a profession by 1960? It appeared that nursing leaders had attempted to change the concept of nursing as a vocation to a profession right from the outset. I will now discuss each of the attributes of a profession which were identified at the beginning of the chapter and see how nursing related to them by 1960.

Nursing did not have a systematic theory which was recognised by the rest of the community. Some nurses recognised that there was potential to study nursing theory. The problem was that nurses were not part of an institution in which this could be done. Nurses' education was more practically based relying on procedures rather than principles. Although nursing leaders, who recognised the importance of education, attempted to change this by trying to get nursing in universities, they did not have the support to follow this through. Nursing, then, had the potential for developing and maintaining its own knowledge but this could not be done before 1960.

Nurses did not have complete professional authority. They could tell the patient what was good for them as far as rest and hygiene went but the doctor had the last word. It was the doctor, especially since medical knowledge had become more technical, who instructed the nurse on what was best for the patient. This was reinforced by the Nightingale ethos which said that a nurse had to obey her seniors and the doctor. Nursing's professional authority, or autonomy, was hindered by a lack of recognition of nursing knowledge and a lack of separate institutions for nursing education.

Nursing had developed a community sanction or community approval of its powers and privileges by 1960. Registration had meant that the title "nurse" had to be earned. The formation of the N.Z.R.N.A. had

formalised codes of conduct for nurses which were above the law. There was a very strong service ethic which basically meant that nurses had to sacrifice themselves for others. This type of service went beyond the norm expected in other occupations. Nurses were discouraged from asking for something for themselves and their personal lives were restricted because of this service ethic.

Nursing certainly had a code of ethics which insisted that all patients be treated equally and nurses gave their best service to patients. The nursing code of ethics can, however, be seen as different than those of male professions such as law. The service ethic, to which nurses subscribed, was closely linked to gender. A good woman was supposed to care for everyone and have a high degree of sympathy. Since nurses were to be good women they were taught to be self-sacrificing. They worked very long hours for minimal pay. They did domestic duties in the name of service which in turn meant that they had little time for studies. Although this kind of service can be seen as very demeaning the Nurses Association used it to demonstrate that nurses had the professional service ethic.

There was a distinct culture in nursing and this was nurtured by the N.Z.R.N.A.. The culture was very strong and very female-dominated. The Association was very proud of its nursing history and ensured that nursing leaders had a high profile which in turn made them heroes. It celebrated very strong female role models such as Grace Neill. The structure of leadership both within the hospital setting and within the Association was very strong. Nurses socialised together because they all lived together and this ensured that the culture was respected and kept alive.

There was the concept of nursing as a career but few women actually took this up since they were prevented from doing so at the time as if they married their occupation changed to a wife and mother. The state reinforced this ideology by training girls as future homemakers during their schooling.<sup>47</sup> In this way nurses were disadvantaged in their move for professionalisation before 1960 because of gender inequalities. The nursing profession enforced this social more by imposing an unwritten rule that if a nurse was to marry, especially during her training, she had to resign.<sup>48</sup> This was because until the mid-1960s nurses had to live in nursing homes and so of course if they were married this would not have been possible. This concept of a career almost has religious overtones, a professional nurse was to devote herself to caring for the sick. As women, nurses could not have a separate life and devote themselves to their job in the way their profession expected.

Nursing did reproduce its own culture despite the fact that many nurses did not stay in nursing for the rest of their lives. Matrons chose new students who were then socialised into the nursing culture of self sacrificing service and the fear of superiors.

By the 1960s nursing was a semi-profession. It did have some attributes of a profession, but was limited in others because of gender inequalities. Nursing had, however, moved from being just a vocation. Nursing registration and the development of the N.Z.T.N.A. and the publication of a nursing journal illustrated the beginnings of

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<sup>47</sup> Sue Middleton, ed., "A Short Adventure Between School and Marriage? - Contradictions in the Education of the New Zealand "Post-war Woman", " Women and Education in Aotearoa (Wellington: Allen and Unwin, 1988), p.77

<sup>48</sup> Alice Silverson, interview by author (Christchurch: 16 April 1992)

professional status. Nurses had used the idea of the good woman and grafted it onto a service ethic of a profession. In this way they made nursing into what has been described by some as "a kind of professionalised femaleness".<sup>49</sup> There were many elements of their work which did not measure up to the common elements of some other professional's work. The N.Z.R.N.A., in particular, had managed to get over this hurdle by stating that all of nurse's work which was often manual work, was done in the name of service or a higher good. At this time teaching another vocation which aspired to be a profession, had an advantage over nursing as it did not involve manual work and it did have separate training colleges from its work place. Nevertheless nurses maintained that their occupation was special and therefore deserved a certain degree of status from the rest of the community.

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<sup>49</sup> Ellen Lewin, "Feminist ideology and the meaning of work: The case of nursing," Catalyst, no.8, (winter 1974), p.91



## CHAPTER TWO

### CHALLENGES AND CHANGE IN NURSING

The 1960s were a time when it was found that traditional views of nursing needed to be challenged and transformed if nursing was to continue to strive for professional status. Health care and the health care system had changed. The explosion of medical knowledge which occurred after the war and its effect on the actual work of nurses, meant that the N.Z.R.N.A. had to consider seriously the quality of education that nurses were receiving. After 1938 there was an increased level of state intervention in health care which brought with it changes to the structure of the hospital system and society's expectations of it.

In this chapter I will, firstly, give a general overview of health care in New Zealand. Health care proved to be adaptable to the changing needs of an increasingly complex and urbanised society. The centralisation of hospital care and the increase in technology were instrumental in forcing the N.Z.R.N.A. to reevaluate the profession. The extension of the role of the state in hospital care had implications for both the nature of nursing and industrial relations. When the N.Z..R.N.A. is seen in the context of a period of change it is easier to understand the dilemmas it faced regarding its professional status and its role in industrial relations.

Secondly, I will discuss the changes which occurred as a result of increased technology and the changing role of the state in health care. The changes caused problems in nursing. These problems challenged the very nature of the "profession". In the education field it was found

that nurses were not faring very well in the nursing examinations. This was coupled with a high drop out rate of student nurses from their training. The profession had to look at changing the form of education given to student nurses. There were also problems with actually recruiting and retaining young women in nursing careers. Attitudes towards the role of women were beginning to change as were the expectations of girls. In the early 1960s nursing may not have been attractive with its rigid code of discipline and its low pay. To add fuel to the fire a large proportion of New Zealand nurses were no longer accepted for registration in England and Wales because of the limited education provided in some New Zealand hospitals.

#### CHANGES TO HEALTH CARE IN NEW ZEALAND

After World War II, particularly towards the closing years of the 1950s, there came to be what is commonly referred to as an "explosion of scientific knowledge" in the medical world.<sup>1</sup> Doctors used more sophisticated methods of diagnosis and treatment and drugs had become more powerful. Consequently people were living longer than previously, which placed a greater strain on the health care system. In submissions to the Health Department the N.Z.R.N.A. pointed out that, in recent years, there had been a change in the attitudes of doctors regarding the stage of recovery in which patients should become ambulatory and the need to retain convalescent patients in hospital. These factors combined with the new drugs meant that there was a higher turnover of patients than there had been previously. More people were surviving illnesses and injuries so that there was also a higher number

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<sup>1</sup> Department of Health, An Improved System of Nursing Services (Wellington: Government Printer, 1974), p.14



of acute cases for hospitals to deal with.<sup>2</sup> The Association pointed out that "almost daily, changes in medical and surgical practice make their appearance- chemotherapy, antibiotics, methods of anaesthesia, advances in X-ray, new aids to diagnosis- all have affected the fields of surgery and medicine and most have demanded changes in the type and the quality of nursing service."<sup>3</sup> The Health Department reported in 1961 that there were nearly twice as many people being treated in hospitals as in 1940, the length of time a patient stayed in hospital had been cut by nearly one third and there were three times more out-patients in 1961 than as in 1940.<sup>4</sup> As well as this there was also a greater emphasis on rehabilitation of patients outside hospitals which meant that nurses had greater responsibilities relating to the preliminary stages of rehabilitation.<sup>5</sup>

The technology was not only increased but was concentrated in larger areas. Isolation of settlement had meant that medical care was dispersed throughout the country, but now regional centres were more important and within these larger centres, medical care became much more complex. Improved transport services and communication networks along with urbanisation made this possible.<sup>6</sup> Reorganisation of health services because of technology and urbanisation was not the only factor

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<sup>2</sup> "Submissions on behalf of the New Zealand Registered Nurses' Association", presented to the Salaries Advisory Committee (Nurses), Department of Health, 25 November 1963, p.1 (N.A. H1 30239)

<sup>3</sup> *ibid.*, p.7

<sup>4</sup> Health Department Report, A.J.H.R., H.31, (1961), vol. III, p.34

<sup>5</sup> N.Z.R.N.A. submissions, (1963), p.2

<sup>6</sup> A Health Service for New Zealand (Wellington: Government Printer, 1975), p.7

in the changing health system in the years leading up to the 1960s. The role of the state in health care increased.

The first year of the new Labour Government's free hospital care policy, in 1938, is usually described as the year in which the centralisation of the health care system began. Davis suggests that between the years 1935 and 1945 the state's contribution rose from 39% of total health expenditure to 73%.<sup>7</sup> In the mid-1940s local hospital board control over hospitals was whittled away along with the increased level of government funding.<sup>8</sup> The process was gradual, but by 1948 considerable limitations had been imposed on hospital board expenditure and other rights were taken by the government.<sup>9</sup> After 1940 hospital boards were forced to give the Director General of Health any information he or she sought. The Minister had control over a large number of staff appointments and could advise hospital boards to provide certain services they had previously not provided, for example X-ray and laboratory services. After 1944 Hospital Boards could be amalgamated by an Order in Council on the grounds that it appeared "to be expedient".<sup>10</sup> In 1957, the Hospitals Act set out a new system of hospital administration. Hospital boards were not abolished, even though they lost much of their autonomy. They still managed hospitals,

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<sup>7</sup> Peter Davis, Health and Health Care in New Zealand (Auckland: Longman Paul Ltd, 1981), p.1

<sup>8</sup> Hospital Boards are locally elected bodies with members from large sections of the community. Doctors were well represented on the Boards; however it was not until the 1980s that nurses were represented.

<sup>9</sup> One of the controls on expenditure imposed on the hospital boards was that there was now a measure of standardisation of remuneration for workers such as nurses.

<sup>10</sup> A Health Service for New Zealand, p.61

but were under the directives of the Minister of Health. As a result of centralisation nurses had to work within a more standardised, but a more bureaucratic environment.

Technology and the increased role of the state caused major changes to the way in which nurses worked with doctors. As nursing became more technical it appeared that they would be more and more under the control of the doctor. Previously nurses were more independent of doctors since they carried out the caring duties while doctors carried out the medical aspect. The N.Z.R.N.A. recognised that because of technological change there was an increasing "tendency to entrust the nurses with the techniques formerly regarded as the prerogative of the doctor."<sup>11</sup> Nurses had to handle more dangerous drugs. An article in N.Z.N.J. explained that because of these added responsibilities a nurse could no longer use her caring abilities to full potential, for often she was too busy administering injections and watching equipment to have time to carry out actual nursing functions - that is observing and assessing the need for caring, consoling and educating the sick.<sup>12</sup> It seemed that nurses were increasingly becoming doctors' deputies. As late as 1969 the Health Department stated in its annual report that a nurse had gained more control over her work and was no longer a doctor's handmaiden, but went on to make a contradictory statement that nevertheless her call "to the doctor could be vital".<sup>13</sup> Nurses were not credited with having their own specialist knowledge. The skill that they were accredited for was the correct interpretation of doctors' orders. Technology also affected the relationship nurses

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<sup>11</sup> N.Z.R.N.A. submissions, (1963), p.1

<sup>12</sup> N.Z.N.J., vol.60, no.4, (1967), p.5

<sup>13</sup> Health Department Report, A.J.H.R., (1969), H.31, vol. IV, p.67

had with each other. The registered nurse now had a greater supervisory role especially since mistakes could now be fatal. In 1970 student nurses formed 40-60% of the total nursing workforce, which meant that it was registered nurses who supervised them.<sup>14</sup> Many registered nurses were doing administrative, clerical and housekeeping duties, and they were doing supervisory work which left them little time for actually nursing the patient. When a registered nurse was not available, which was often the case during night duty since only a small proportion of registered staff worked this shift, student nurses were often in charge of wards and in some cases there was only one student nurse per ward.<sup>15</sup> It seemed then that, on the one hand, the registered nurse was the supervisor yet, on the other, she still did housekeeping type duties and student nurses were given more responsibility than they were ready for. Registered nurses' tasks also became more fragmented since they were supervising a more technical type of nursing which would not have been as fulfilling as working alone on individual patients. The very structure of nursing needed change to accommodate the wider changes in New Zealand health care.

#### NURSING IN CRISIS

The technological and structural changes to the health system which were in progress in the 1960s not only affected the way that the actual work of the nurse was carried out. Change also meant that the definition of nursing as a profession, as seen by the N.Z.R.N.A., was under threat. It was no longer feasible to talk of the profession's strong service ethic which basically meant self-sacrifice. One of the

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<sup>14</sup> Health Department Report, A.J.H.R., (1970), H.31, vol.IV, p.80

<sup>15</sup> N.Z.N.A. submissions (1963), p.8

greatest problems was that the standard of education nurses received no longer met their own needs or the needs of the health team. Related to this factor was the problem of actually recruiting intelligent young women into the profession and keeping them there. This of course, threatened the image of nursing as a suitable profession for an ambitious young career woman. The N.Z.R.N.A. was faced with a crisis regarding its professional status and more importantly the status of nursing in New Zealand.

The 1964 Nurses' State Examination highlighted the inadequacies of a hospital based training system for nurses and the actual structure of nursing. This was the examination student nurses sat after their three years training so that they could gain registration. The results of the examination had been bad in the past but the 1964 results marked a low point. The failure rate for the examination that year was unprecedented.<sup>16</sup> Out of those who sat the three papers (obstetrical, medical and surgical) only 64% of the candidates passed all three. Out of those who attempted three papers 7.1% failed all three.<sup>17</sup> The Examiners stated in their Report that they never marked according to a statistical curve and instead subscribed to the view that safety in actual practice was the most important issue. Therefore, "where a nursing candidate shows she has sufficient knowledge to pass and be registered, she is passed; where she fails to show that knowledge, she is failed."<sup>18</sup> The comments made by the examiners regarding the

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<sup>16</sup> Report of the Health Department, A.J.H.R., (1965), H.31, vol.III, p.81

<sup>17</sup> "Report on the State Nursing Examinations" , submitted to the Nurses and Midwives Board by the Chairman of the Examination Committee, August 1964, p.3 (H.D. H1 33329)

<sup>18</sup> *ibid.*, p.3

answers given to the three papers reflect that they felt that there was a very low standard. For example they made the comment that in the medical paper the answers showed an "abysmal ignorance of elementary anatomy and physiology" which probably accounted for "many candidates being unable to appreciate and explain the reasons underlying treatments and procedures".<sup>19</sup> These results were appalling since all of these nurses had completed three years of training, and had already passed examinations in their local hospitals.

As could be expected, there was a heated reaction to the results from all quarters. The hospital boards found the results incredible, with the Auckland Hospital Board being one of the strongest in its opposition to the results. The Board held a special meeting on the matter and one of the comments to come out of the meeting was that in the medical paper, for example, it remained to be seen whether "the failures were determined by low marks in arguably ambiguous questions rather than poor performance in straightforward sections of the paper". It was also asked whether there was "inflexibility in assessing answers to questions in which there was room for difference of opinion."<sup>20</sup> In a letter to the Nurses and Midwives Board the Matron of Southland Hospital stated her view of the situation: "Final Professional is surely a qualifying and not an elimination examination and should be treated as such. To say at this stage that one third of our senior

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<sup>19</sup> Examiner's comments on "Nurses and Midwives Board State Examination for Nurses (Final Professional), June 1964, p.1 (N.A. H1 33329)

<sup>20</sup> Minutes of Auckland Hospital Board Meeting (in Committee) 7 July 1964 p.2 (N.A. H1 33329)

nurses are not fit to practice is little short of ludicrous. If this were indeed so, then they would never have become finalists."<sup>21</sup>

The Matrons Association also wrote to the Nurses and Midwives Board expressing their concern at the results which they said were "not in keeping with the general educational background" of the candidates.<sup>22</sup> The examination was a cause of great contention and it brought into question basic standards of nursing education.

Education was to become one of the main issues confronting the N.Z.R.N.A. in the 1960s. The Nurses and Midwives Board decided that there should be a minimum qualification of School Certificate for those who wished to be accepted into the registered nursing programme. It is significant to note at this point, that only 2206 out of 4693 nurses had school certificate in 1961. The Health Department stated that these figures reflected an improvement in educational standards.<sup>23</sup> The Association had to make a stand on the school certificate issue, which meant its decision would reflect the attitude it had to the importance of academic qualifications alone in choosing recruits. This issue was hotly debated in health care circles and by members of the public. Attitudes against the importance of education as opposed to personal attributes, expressed when registration for nurses was an issue at the turn of the century, were still very much alive in the 1960s.

The N.Z.R.N.A. was also concerned about the lack of university education available for those who wished to further their careers in nursing. Beatrice Salmon in her report on nursing education stressed

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<sup>21</sup> N.J. Kinross, Matron of Southland Hospital to A. Orbell, Registrar of Nurses and Midwives Board, 8 July 1964 (N.A. H1 33329)

<sup>22</sup> R.D. Bunt, Matrons Association to A. Orbell, Registrar, Nurses and Midwives Board, 9 July 1964 (N.A. H1 33329)

<sup>23</sup> A.J.H.R., (1961), H.31, vol.III, p.89

that nursing education now needed to include the social sciences and nurses should be taught to promote health since the health care system had changed quite markedly.<sup>24</sup> She also stressed that a profession must have scholarship and this is what New Zealand nurses did not have. She said that "all professions have a body of knowledge from which they draw and to which they contribute".<sup>25</sup> Apart from the post graduate diploma at Victoria University there was no tertiary education available for those who wished to become educators themselves. Even in 1969 only forty of the 458 nursing tutors in New Zealand held the suggested minimum qualification, the Diploma of Nursing.<sup>26</sup> It seemed that this lack of education filtered down to student nurses. From 1959 onwards the Association began talks with Victoria University to set up a nursing degree. However, this was going to be another struggle for the Association.

Issues of education had strong links with the problems of recruiting and retaining nurses. The good image nursing had was vital if it was to attract intelligent young women into the profession. Shortages of nurses appeared to be a feature of nursing for quite a few years. In 1957 the lowering of the age of registration to twenty years was intended to ease the situation. The shortages were something that was an issue for both the Health Department and the N.Z.R.N.A. which took it upon itself to recruit nurses. Recruitment for nurses was occurring at the same time as the Education Department was recruiting teachers.

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<sup>24</sup> Beatrice Salmon, "Nursing and Higher Education". Notes prepared for the Florence Nightingale Committee, New Zealand Registered Nurses' Association, 8 December 1967, p.13 (W.T.U., N.Z.N.A., box 18)

<sup>25</sup> *ibid.*, p.14

<sup>26</sup> Report of the Health Department, A.J.H.R., (1969), H.31, vol.IV, p.68



More women were choosing teaching as a career, for example in 1956 52.5% of teachers were women and in 1966 this had increased to 55.5% and the actual number of women teachers increased by 67.2% in these ten years. The number of women engaged in nursing increased by a lower 44.6%.<sup>27</sup> Sue Middleton's work on post war education suggests that the more academically able girls would have been encouraged to take up teaching as a career.<sup>28</sup> Teaching offered more independence to young women than did nursing. More women were also attending university and, by 1967, twenty five percent of new student enrolments were women.<sup>29</sup> The 1960s are sometimes seen as a time when women began to participate in non-traditional occupations, but for the most part there was still a high degree of sex segregation in employment.<sup>30</sup> Therefore this factor did not significantly affect the recruitment of nurses.

It was later realised that recruitment was not the greatest problem in nursing. Rather it was the retention of nurses. It was this factor which meant that there were shortages of more highly qualified nurses. For example, in 1961 shortages of theatre nurses and midwives sometimes

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<sup>27</sup> National Advisory Council on the Employment of Women, New Employment Opportunities for Women (Wellington: National Advisory Council on the Employment of Women, Wellington 1969), p.2

<sup>28</sup> Sue Middleton, "A Short Adventure Between School and Marriage - Contradictions in the Education of the New Zealand "Post-war woman"", Women and Education in Aotearoa, ed. Sue Middleton (Wellington: Allen and Unwin, 1988), p.82

<sup>29</sup> National Advisory Council on the Employment of Women, A Study of the Education of Girls in New Zealand (Wellington: National Advisory Council on the Employment of Women" 1968), p.3

<sup>30</sup> Peter Brosnan and Moira Wilson, "The Historical Structuring of the New Zealand Labour Market," working paper 4/89, Industrial Relations Centre, Victoria University, p.30

In 1967, 10 women and 97 men were conferred with medical degrees, whilst the number of those conferred with arts degree was virtually equal between the sexes. National Council on the Employment of Women (1968), p.7

"reached acute stages".<sup>31</sup> This came to be known as the "wastage rate". In 1966 the Nurses and Midwives Board described this rate as a matter of "national concern", since between 1960-1964 only 60.6% of those who passed their first professional examination graduated.<sup>32</sup> Of those who did not continue 23.8% left for marriage and the others left because of study problems, or a dislike of nursing. It was obvious that nursing was not an attractive profession to be in. If nursing was to maintain its status it would have to change and this was the challenge that the N.Z.R.N.A. faced.

The reciprocal agreement with England and Wales, which was so proudly accepted by New Zealand nurses in 1919, came under threat in the mid 1960s. The General Council of Nursing in England and Wales changed its conditions on the minimum bed rate for training schools. This meant that only eleven out of the thirty-nine "A Grade" schools in New Zealand would now be accepted as training schools by England and Wales.<sup>33</sup> This was a blow to New Zealand nursing, but the Nurses and Midwives Board realised that clinical experience and registered staffing levels were too low in some of the smaller schools.<sup>34</sup> Once again the N.Z.R.N.A. was to become involved in rectifying the situation.

These problems with the status of the profession represent some of the issues the N.Z.R.N.A. had to deal with. They were challenged by

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<sup>31</sup> Report of the Health Department, A.J.H.R., (1961), H.31, vol.III, p.52

<sup>32</sup> Report of the Health Department, A.J.H.R., (1966), H.31, vol.III, p.73

<sup>33</sup> Press release N.Z.R.N.A., no date - probably in December 1964 (W.T.U., N.Z.N.A., box 29)

<sup>34</sup> Report of the Health Department, A.J.H.R., (1965), H.31, vol.IV, p.80

the Public Service Association (P.S.A.) for not representing psychiatric nurses adequately on the Nurses and Midwives Board. They were faced with major issues in industrial relations which will be dealt with in chapters five and six.

Nursing had changed by the 1960s both in job content and status. As well as these changes the work place had changed into a much more technical and bureaucratic environment. The N.Z.R.N.A. was faced with reevaluating nursing as a profession. One of the greatest challenges for this reevaluation lay in the education sector. The selection of nurses and the basic education that they were receiving was no longer adequate. The high failure rate and drop out rate of student nurses were symptoms of this. To be professional, nurses needed to protect and develop their body of knowledge. They also needed to do this if they were to stop themselves from becoming doctors' handmaidens as medicine became more technologically orientated.

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Incentives were needed to keep nurses in the profession if it was to develop. At the beginning of the decade it was recognised by nursing leaders both internationally and in New Zealand that the old Nightingale service ethic, which was seen as being a large component of nurses' definition of the profession, had to change. It was no longer practical to expect young women to give others an almost self sacrificing service and to blindly follow orders. The concept of service did not need to change dramatically, but it did need to become more sophisticated. The "art" of nursing had to be replaced with a mixture of the "art", science and sociology.

In an address to the International Council of Nurses in 1961 the view was put forward that nurses needed to get away from the strict procedural elements of Nightingale nursing. Nurses coped with an abnormal amount of stress because of the nature of their job. Strict procedures used as coping mechanisms no longer worked. Nurses now needed to be able to discuss the stress they were under and hence take some responsibility in the way their work was carried out.<sup>35</sup> Authoritarian attitudes ought to be replaced with concepts of guidance.<sup>36</sup> Nursing Associations were recognised as being potential vehicles for positive change. If they kept members informed and encouraged cooperation with other health specialists, nursing would benefit.<sup>37</sup>

To be professional in the new decade it was recognised that nursing had to show unity and an ability to adapt. The Deputy Director of the Division of Nursing in the Health Department told New Zealand nurses that they had to be a part of "a profession willing and competent to accept new responsibilities."<sup>38</sup> The devotion to nursing was now to include a dedication to knowledge. Marjorie Chambers, the president of the Association in 1961, stressed that the nursing profession must now encourage "self-searching criticism" so that the profession could progress.<sup>39</sup> The N.Z.R.N.A. had shown a willingness to change and recognised that this may mean impinging on traditional nursing ideals. In the next two chapters I will examine how the Association, whilst

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<sup>35</sup> N.Z.N.J., vol.54, no.5, (1961), p.18-19

<sup>36</sup> N.Z.N.J., vol.53, no.5, (1960), p.6

<sup>37</sup> N.Z.N.J., vol.54, no.5, pp.30-31

<sup>38</sup> N.Z.N.J., vol.54, no.6, (1961), p.5

<sup>39</sup> N.Z.N.J., vol.53, no.4, (1960), p.5

still attempting to further its professional status did instigate change.

## CHAPTER THREE

### SOLVING THE CRISIS: NURSES' EDUCATION

It has been shown that the N.Z.R.N.A. considered tertiary education as a vehicle for improving its members' "professional" status. It was obvious that the education system for nurses in the 1960s was not serving the profession or the public well. Nursing leaders began, once again, as they did in the 1920s, to point out the inadequacies of the existing system of nursing education. In 1959 Flora Cameron, who had recently attended a committee meeting of the Education Committee of the I.C.N., very clearly stated the N.Z.R.N.A.'s position regarding education. She said that, "We as nurses must lead our own profession - not wait to be led by others."<sup>1</sup> This continued to be the attitude taken by the Association throughout the decade. In 1965 an editorial in N.Z.N.J. stated that "There can be no doubt that nurses themselves must control the destiny of nursing. We can be proud and grateful that we have ...nursing leaders with a vision of tomorrow while they endeavour to plan and work for the betterment of nursing..."<sup>2</sup> The Association made it its responsibility to ensure that nurses maintained control over the destiny of their profession.

While the Association may have wished to give direction to the education of nurses, it still had to work within a framework which was not always sympathetic to the needs of an occupation which was made up almost exclusively of women. In this chapter which deals with nursing

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<sup>1</sup> Address to Annual Conference, Rotorua, 1959, N.Z.N.J., vol.52, no.3, (1959), p.75

<sup>2</sup> N.Z.N.J., vol.58, no.2, (1965), p.4

education the main emphasis will be on the N.Z.R.N.A.'s attempt to establish nursing courses in the universities. The attempts which were made by the Association illustrated the importance that it attached to nursing gaining professional status in the eyes of the rest of society. Demands made by the Association, regarding university education for nurses, resurfaced in the 1950s. These demands were acted upon in the 1960s. Other education issues will be touched upon which also illustrate the Association's desire to keep nursing's respectable front. These issues include the debate over School Certificate as a requirement for entry into the general nursing programme, the reciprocal agreement with England and Wales for registration, and the possible changes to the structure of nursing education. The ideas for a different structure of nursing came in response to the changing nature of the health care system. Finally, the government's role in attempting to bring about change in nursing education will be examined.

#### NURSING EDUCATION: AN INTERNATIONAL CONCERN

Nursing education became a concern world-wide during the 1950s as a response to the changing nature of health care. The World Health Organisation summoned an Expert Committee to meet in Geneva in 1950 to discuss nursing education. The W.H.O. was described by the N.Z.N.J. in 1952 as being "an international health department, whose world resources are pooled, and is designed to solve health problems on a world-wide basis".<sup>3</sup> Mary Lambie, a nursing leader from New Zealand, chaired the first session of this nursing committee. She was on the committee, not because she represented New Zealand, the N.Z.R.N.A., or

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<sup>3</sup> N.Z.N.J., vol.45, no.4, (1955), p.131

the I.C.N. (which were formally affiliated with W.H.O. in 1948), but because of her nursing expertise.<sup>4</sup>

The main function of the committee was to consider changes to the health system in a world-wide context and to consider how these changes affected nursing.<sup>5</sup> The committee looked at basic training for nurses, post graduate training and auxiliary training. It was agreed that special training was required for teachers and supervisors and "therefore the need for good post-graduate schools in every country was great."<sup>6</sup> The first report of the W.H.O. was to have widespread implications for the education of nurses.<sup>7</sup>

The Expert Committee on Nursing made four other reports on nursing education and the fifth was used when the New Zealand Government wished to transfer nursing education into the general education system.<sup>8</sup> The N.Z.R.N.A. had strong ties internationally with both the I.C.N. and the W.H.O., yet the system of nursing education in New Zealand remained inadequate.

#### UNIVERSITY EDUCATION

The major support for university education for nurses, came from the N.Z.R.N.A. as it had done in the 1920s. The Health Department was in favour of university education but, as it turned out, this was with

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<sup>4</sup> N.Z.N.J., vol.43, no.1, (1950), p.29

At his time Mary Lambie was also the Vice President of the I.C.N.

<sup>5</sup> N.Z.N.J., vol.48, no.3, (1950), p.78

<sup>6</sup> *ibid.*, p.79

<sup>7</sup> Beatrice Salmon, "The International Idea" in Objects and Outcomes, ed. M.T. Gibson & Y.T. Shadbolt (Wellington: N.Z.N.A., 1984), p.126

<sup>8</sup> *ibid.*, p.134



exceptions. It is important to realise that most of the Health Department's support for nursing education came from nursing leaders who worked within the Health Department.

In 1956 Flora Cameron, who was the Director of Nursing Services, and Dr. Turbott, of the Health Department, discussed with the Vice-Chancellor of Victoria University College the possibility of setting up a school of nursing within the university. The proposal was held over for a short time because of difficulties in finding a suitable site for the new school.<sup>9</sup> During this time Flora Cameron told the 1959 N.Z.R.N.A. Conference that although the current post-graduate course at Victoria, which had been established in 1928, had served nurses well it could only create the desire for leadership in nurses and could not go on to prepare nurses fully for leadership.<sup>10</sup> The course was only nine months long and lacked both the time and facilities do to anything more than provide an introduction to the higher levels of nursing education.<sup>11</sup> The answer to improving nursing education at a higher level, she said, was in establishing a Chair of Nursing in a university which would have its own department. She then went on to make the resolution at the Annual Conference that the "Conference would make a strong recommendation that the Association take immediate steps to establish a Chair of Nursing in a New Zealand University."<sup>12</sup> This was the beginning of the renewed fight to get nursing into universities.

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<sup>9</sup> J. Williams, Vice Chancellor, Victoria University, "Victoria University of Wellington Proposed School of Nursing Administration". Request to University Grants Committee to recommend financial provision, Victoria University, 16 November 1960, p.1 (N.A. H1 3318)

<sup>10</sup> N.Z.N.J., vol.52, no.3, (1959), p.75

<sup>11</sup> N.Z.N.J., vol.58, no.5, (1965), p.20

<sup>12</sup> N.Z.N.J., vol.52, no.3, (1959), p.75

As a result of the Conference Resolution, steps were immediately taken by the Association to attempt to gain a Chair of Nursing. A Subcommittee was set up within the N.Z.R.N.A. to investigate ways in which a Chair could be established. This resulted in a deputation to the Minister of Health in August of 1959. The Minister of Health agreed that this was a good cause and said that he would look into it. The N.Z.R.N.A. also approached the Victoria University Council.

While the N.Z.R.N.A. was asking for change in the university education of nurses, Victoria University claimed to be also considering changes to nursing education. Nancy Kinross, who was later to become the Assistant Director of the Division of Nursing in the Health Department, has stated that before 1959 Victoria University did not want to know about university education for nurses. She said that it was considered "a fragment of Miss Cameron's imagination."<sup>13</sup> Professor C.L. Bailey, who was Professor of Education, stated in an address to nursing post-graduate students in 1971, that he had always fully supported a university school of nursing. He said that he had expressed this to the Health Department in 1959 when he had to withdraw the education course from the Post-Graduate School of Nursing's programme. He had to do this because of an increased demand on the inadequate resources of the education course.<sup>14</sup> He stated that he told the Health Department that the University believed that the "development of a university department or division of nursing studies

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<sup>13</sup> Clive Lind, Step by Step - The History of Nursing Education in Southland (Invercargill: Southland Hospital Nurses' Reunion Committee, distributed by Craig Printing, 1982, printed in 1991), p.86

<sup>14</sup> Professor C.L. Bailey, Professor of Education, Victoria University, "The Higher Education of Nurses in New Zealand," address to graduating nurses at the school of Advanced Nursing Studies, 11 November, 1971, p.5 (N.A. H1 33318)

is long overdue" and that the "nursing profession would derive both inspiration and cultural benefit from membership of the university."<sup>15</sup> He then went on to say that the outcome of his comments to the Health Department were favourable. The result was the setting up of a joint committee of representatives of the Health Department represented by Flora Cameron, the University and the N.Z.R.N.A. represented by Mary Lambie.<sup>16</sup> Although it appears from Professor Bailey's comments that the University was genuinely concerned about nursing education, it is probable that few shared this view in the University and most, as Nancy Kinross said, did not want to know about it.

The Committee agreed that an advanced course in nursing studies be established at Victoria University and that the course would be a two year full-time course leading to a diploma. Students who proposed to do the course would have to have at least five years post-training experience. The course would produce nursing administrators, nursing educators and administrators of community nursing services.<sup>17</sup> The Health Department wrote to the University with its proposals for the new school.

The University Grants Committee, which applied to the government for financial grants for universities and then distributed them, said that it required more information before it could consider the course.<sup>18</sup> Basic information was given in March 1960 by the Health Department regarding the costs of the programme. The University then

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<sup>15</sup> *ibid.*, p.6

<sup>16</sup> *ibid.*, p.6

<sup>17</sup> J. Williams, p.1

<sup>18</sup> E.G. Kedgley, Registrar University of New Zealand to Director Administration of Health, 17 February 1960 (N.A. H1 33318)

commented on the proposals of the Health Department for the benefit of the University Grants Committee. In the University's report they gave a brief history of the matter and then details of the proposed plan of the course. They stated that the curriculum would be outlined by the director of the course in consultation with the Professorial Board and Council.<sup>19</sup> It was suggested that every effort should be made to associate the course with the rest of the university. Generally, then, the university approved of a post-graduate course for nurses.

The problems with the course were to lie with the University Grants Committee, which arranged the finance for university courses, and the Health Department, which did not wish to incur the actual cost of the course. The N.Z.R.N.A. had become anxious when it had not heard a decision from the University Grants Committee in May 1961, six months after the University's report to the committee. It asked the Minister of Health for support in hurrying along the negotiations.<sup>20</sup> The Director of Health advised the University Grants Committee in November 1961 that Health Department funds could not contribute to the costs of a nursing school. It was assumed by Professor Bailey that the Health Department thought that because the course was a university matter, the money for the course should come from the education vote, and not the health vote.<sup>21</sup> The University Grants Committee replied that because of the uncertainty regarding finance it could not recommend the

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<sup>19</sup> J. Williams, p.4

<sup>20</sup> M.Pickard, Dominion Secretary N.Z.R.N.A. to Mr Shelton, Minister of Health, 12 May 1961 (N.A. H1 33318)

<sup>21</sup> C.L. Bailey, p.7

development of the Chair of Nursing during the current university quinquennium. The new quinquennium did not begin until April 1965.<sup>22</sup>

Despite the fact that there would be further delay in the establishment of a nursing chair at the university, Flora Cameron, who was still the Director of the Division of Nursing in the Health Department, looked to alternative means of gaining finance. She approached the Rockefeller Foundation for funds to set up the nursing course.<sup>23</sup> The foundation replied that it could grant (U.S.)\$10,000 for the first year and (U.S.)\$5,000 for the second year.<sup>24</sup> Unfortunately this was not enough money to set up the course since the rest of the money still could not be raised in New Zealand.<sup>25</sup> Flora Cameron had done her best to instigate the course at Victoria. She retired from her position with the Health Department in October 1962.

While negotiations went on between the University and the Health Department throughout the early 1960s, the N.Z.R.N.A. continued to stress to its members the enormous importance of university education through the medium of the Nursing Journal. In her Presidential Address in 1960, Mrs M. Chambers told the Association that nursing needed greater educational opportunities which would provide leaders and a better nursing service as well as helping with recruitment. She stressed that university education was not for "undergraduates or for all graduates", but for those who would take leading positions as

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<sup>22</sup> University Grants Committee to Director General of Health, 23 November 1961 (N.A. H1 33318)

<sup>23</sup> Flora Cameron, Director Division of Nursing to Virginia Arnold, Rockefeller Foundation, 21 December 1961 (N.A. H1 33318)

<sup>24</sup> V. Arnold, Rockefeller Foundation to F. Cameron, Director Division of nursing, 27 February 1962 (N.A. H1 33318)

<sup>25</sup> F.Cameron, Director Division of Nursing to V.Arnold, Rockefeller Foundation, 23 October 1962 (N.A. H1 33318)

administrators and teachers within the profession and help conduct the affairs of the Association.<sup>26</sup>

In 1961 an article was published in the N.Z.N.J. on the need for nursing research. Ellen Broe, the Director for the Division of Education in the I.C.N., spoke about the value of the Nightingale tradition. She stressed that nursing must keep the service ideal and go forward to look at a new type of care, which involved the family and other members of the health team such as social workers. For this to eventuate, research was needed and therefore higher education had to be attained.<sup>27</sup> Evidence of a lack of nursing research was illustrated in an advertisement for books published in the N.Z.N.J. in 1960. Of the twenty five recommended texts for nurses, only five were actually written by nurses.<sup>28</sup>

Another article by Elizabeth Orbell, who was the principal of the existing Post-Graduate School for Nurses, suggests that university education was a way of improving nursing education in general, but it was also a way of improving the professional status of nursing. Elizabeth Orbell stated that education was essential and that nursing can no longer look to the past for its answers. She said "for a profession to progress, change is essential. To be static is to die."<sup>29</sup> In a further article, Elizabeth Orbell reinforced the need for progression and stated that nursing research was required. She said that nurses should be taught using principles so they then could

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<sup>26</sup> N.Z.N.J., vol.53, no.4 (1960), p.7

<sup>27</sup> N.Z.N.J., vol.54, no.5, (1961), p.23-26

<sup>28</sup> Full page advertisement, "Important Books for Your 1960 Classes- N.N. Peryer Ltd" in N.Z.N.J., vol.53, no.3, (1960)

<sup>29</sup> N.Z.N.J., vol.54, no.7, (1961), p.15

solve their own nursing problems. She put this in the context of professionalism once again. She said "we wish to be accepted as professional people and we must behave like professional people."<sup>30</sup>

It appeared at this stage that the early emphasis was on post-graduate education in universities although, especially in Elizabeth Orbell's articles, it was also becoming accepted that an undergraduate course could be beneficial to nursing. The N.Z.R.N.A. explained its position on the matter in a policy statement in the N.Z.N.J. in May 1965. It stated that New Zealand nursing was being "seriously retarded through lack of facilities for training top level educators, administrators, clinical experts, and research workers." It saw the university as the most likely institution to solve problems in nursing education. A basic university programme would take into account both intellectual and practical skills. However, if this programme was introduced, the delay in the education of specialised experts would be too long. The N.Z.R.N.A. proposed that a new and more extensive post-graduate course, should be set up at the same time. It would be hoped that this course would eventually be "superseded by a suitable programme at the Master's degree level."<sup>31</sup> It can be seen, then, that it was not just a post-graduate course that the Association wanted. Although it wanted such a course for immediate benefits it could see the value of a basic degree course.

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With the strengthening of the N.Z.R.N.A.'s position as to the type of university education it wanted, it appeared that it had a better

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<sup>30</sup> N.Z.N.J., vol.55, no.9, (1962), p.12

<sup>31</sup> N.Z.N.J., vol.58, no.5, (1965), p.20

chance of securing a school of nursing within the university. In July 1963 the Assistant Director of the Nursing Division asked Victoria University whether it would accept a basic training course for nurses. The acting Vice Chancellor, Professor C.L. Bailey, replied that a new post-graduate course would take precedence over an under-graduate course.<sup>32</sup> The Director General of Health sent the University Grants Committee a paper entitled "University Education for Nurses". When reading the paper it seems that it could have been written by the N.Z.R.N.A., or at least a nurse in the Health Department since it is very supportive to nursing education at the tertiary level.<sup>33</sup> The paper explained the position which nursing was in with regard to new technology and the changing nature of health care. It also stated that nurses who wished to do university studies were studying subjects from other degrees. Therefore they had little time to spend on their studies because of their nursing work. It pointed out that many New Zealand nurses were being sent overseas because there was not adequate university education for them in New Zealand. It said that 47% of hospital workers were nursing personnel so they made up a large and important group.<sup>34</sup>

The paper then set out the two levels of university education it considered were required. Firstly a basic under-graduate course was needed which would take four years to complete and give the student

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<sup>32</sup> C.L. Bailey, p.7

<sup>33</sup> "University Education for Nurses". The paper does not have an author. It seems almost certain that it was written by someone in the nursing profession since it talks about the problems in nursing education as being "our dilemma" and so on. It is probable that the paper would have been written in 1963, because of its order in amongst other papers. (N.A. H1 33318)

<sup>34</sup> "University Education for Nurses," p.3



both a degree and registration as a nurse. This type of student nurse would still need some practical experience, but she would rise within the nursing ranks relatively quickly once she had graduated. The other course would be a post-graduate course in which the student would gain a diploma. It was envisaged that 50% of her time would involve non-nursing courses.

The paper said that it was certain that there would be enough applicants for both the courses and the courses would probably involve 5-20% of the total nursing staff.<sup>35</sup> The importance of research to add to a body of knowledge, which was exclusive to nursing was also stressed.<sup>36</sup> This would enhance the status of nursing as a profession since it would mean that nursing had a body of knowledge of its own.

The change in plan from a purely post-graduate course to a combination of under-graduate and graduate courses by the Health Department was not welcomed by the University according to Professor C.L. Bailey.<sup>37</sup> He said that he considered that a course at post-graduate level to educate senior nurses should take precedence over an under-graduate course. The University then told the Grants Committee, which was applying to government for finances for the next four years, that it wanted a post-graduate course established. This fell short of what both the Health Department and the N.Z.R.N.A. wanted. The University did, however, support the Health Department's request to employ a consultant in nursing education.

In February 1964 Alma Reid, Director of the School of Nursing at McMaster University in Canada, was asked by the University Grants

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<sup>35</sup> *ibid.*, pp.5-6

<sup>36</sup> *ibid.*, p.4

<sup>37</sup> C.L. Bailey, p.7

Committee to assist in the discussion on university education for nurses in New Zealand. She finally came to New Zealand in June 1965. Professor Bailey stated that the University was never consulted over her appointment.<sup>38</sup> Alma Reid did not have experience at post-basic level since her school was involved in under-graduate courses.

It is interesting to consider her report and ask why it was necessary to get an expert from overseas who knew little about the New Zealand situation. Professor Bailey described the Report as being "exceptionally poor and academically thin"<sup>39</sup> At first this comment appears to be almost arrogant, but when one reads the Report it appears that it said what was already quite obvious to the N.Z.R.N.A., the Health Department and the University. The Report did state that there were inadequacies in the present system of nursing education. Alma Reid went as far as saying that the "schools of nursing do not function as educational entities within the hospital system."<sup>40</sup> She then advocated degrees in university cities where the nursing students could gain clinical experience in hospitals and community agencies.<sup>41</sup> She did not really seem to know or report on Victoria University's stance on university education for nurses, nor did she gain any official opinion from hospitals regarding their views on university educated nurses.<sup>42</sup> She stated in the Report that her "observation of nursing

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<sup>38</sup> *ibid.*, p.7

<sup>39</sup> *ibid.*

<sup>40</sup> Alma Reid, Report on Nursing Education in New Zealand, Excerpts of the report to the University Grants Committee, July 1965, p.11 (found in the Mary Lambie Nursing Library, Christchurch Hospital)

<sup>41</sup> *ibid.*, p.7

<sup>42</sup> *ibid.*, pp 6-7. Reid stated that the Universities gave the "impression" that they were open minded and would be willing to consider a university courses for nurses if they were approached by

service and nursing education in New Zealand has been admittedly sketchy".<sup>43</sup> When one reads the Report it tends to be confusing and rather vague which could reflect the fact that the author was not familiar with New Zealand nursing.

The University Grants Committee called a meeting between the University, the Health Department and the Committee to discuss the issue of nursing education and the Report. The University Grants Committee stated that it did not require any more evidence about the need for a university course, but it needed to see if an under-graduate course would be financially feasible. The university stated at this meeting that they thought that a post-graduate course for nurses would be the best solution and would make the biggest impact.<sup>44</sup> The Director of the Division of Nursing, Shirley Bohm, said that this type of course would be extravagant and have a limited impact. The Health Department said that it saw the advantages of both the post-graduate and the under-graduate course for nurses. The issue was unresolved and the Chairman of the Grants Committee suggested that a four year under-graduate nursing course with a small intake would be a waste of resources.<sup>45</sup>

It appeared that although the N.Z.R.N.A. wanted nurses at both post-graduate and under-graduate level, the university did not see any merit in nurses beginning with a degree. This suggests that the university did not consider that nursing should be a proper degree subject. The

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the N.Z.R.N.A. The Association had, however, approached Victoria University along with the Health Department.

<sup>43</sup> *ibid.*, p.10

<sup>44</sup> C.L. Bailey, p.8

<sup>45</sup> *ibid.*, p.8

practical and specialist aspects were emphasised by the N.Z.R.N.A.. If more nurses did have degrees it would mean that there were more nursing specialists who could then go on to a higher academic plane at post-graduate level. If a nurse who had never been to university gained a two year diploma she would not have the same depth of knowledge as a nurse who had been studying nursing right from the under-graduate degree level.

The result of the Reid Report was that, once again, the University Grants Committee turned down the proposal for a nursing chair at Victoria University. In a letter to the N.Z.R.N.A., the Grants Committee advised the Association that "the discussions held have not convinced the University Grants Committee that University teaching of "nursing" as a subject would be the best way for the university system to play a significant role in the training of nurses."<sup>46</sup> The Grants Committee expanded upon its reasoning in a letter to the Health Department in September 1967. It said that because there was already a nursing training system in place, it could not support an under-graduate course in nursing in its own right, even though nursing was taught in some universities overseas. It then suggested that the Nurses and Midwives Board could set up a new course in the hospitals, which would emphasise academic content, for those who already held a general degree.

The University Grants Committee had not been properly convinced of the need for university education for nurses at the under-graduate level. The importance of the development of nursing theory and research had not been recognised. The Reid report was partly

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<sup>46</sup> A.J. Danks, Chairman of the University Grants Committee to M. Pickard, Dominion Secretary, N.Z.R.N.A., 28 March 1967 (N.A. H1 33318)

responsible for this attitude, since it did not give strong academic argument as to why nursing should be studied at under-graduate level. This could have been because Alma Reid was an overseas consultant and although, she consulted the N.Z.R.N.A. and other groups, she could not have possibly known the history of the issues involved in setting up a nursing education course in the university.

On Victoria University's side, Professor Bailey suggested to the Health Department that it give bursaries for nurses studying other degrees at university.<sup>47</sup> The University was not convinced of the importance of under-graduate as well as graduate training in nursing. It went as far as to say that the Health Department was possibly to blame for there being no course established and Professor Bailey described the relationship between the Health Department and the University as being farcical.<sup>48</sup>

The N.Z.R.N.A. did, however, continue to try to find avenues for the university education of nurses. In 1967 the Association gave the Florence Nightingale Committee the task of preparing a report to determine whether an under-graduate or a graduate university course was the most appropriate for New Zealand nurses. This Committee sought the views of universities.

Amongst the information that the Committee received was a report made by Beatrice Salmon, the principal of the Post-Graduate School for Nurses at Victoria University, who was also on the Florence Nightingale Committee. Beatrice Salmon was very familiar with the situation in New Zealand nursing and was active in the N.Z.R.N.A. In her report, "Nursing and Higher Education", she argued that both a post-graduate

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<sup>47</sup> C.L. Bailey, p.8

<sup>48</sup> *ibid.*, p.8

and a graduate course in nursing were useful. She took a realistic approach to the matter and suggested that for the time being there may not have been enough nursing personnel to teach a bachelor of nursing. She explained that it could take ten to fifteen years to phase out the post-graduate programme for registered nurses as the younger graduates became available to teach.<sup>49</sup> She went on to say in the Report that a school of nursing should be associated with a medical school because historically organisations such as the W.H.O. and the Rockefeller Foundation, which had given money before for degree programmes, did not give money for nursing schools unless they were associated with an existing medical school. The importance of the nursing school's autonomy was stressed by Beatrice Salmon.<sup>50</sup> The staff who were suggested as likely university teachers were nurses who held overseas masters degrees, and, or, an overseas bachelor of nursing degree.<sup>51</sup>

Generally the report gave a good overview of types of nursing education programmes available elsewhere in the world, a discussion on the purposes of university education, and outlined possible concerns raised by having a technical subject in the university. The importance of establishing a scientific basis for nursing was explained in the report. For example Salmon states that "The patients need for emotional support...has been discussed for years, but the meaning of support has not been defined operationally, nor has its significance been established".<sup>52</sup> The report is realistic and puts forward good

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<sup>49</sup> Beatrice Salmon, "Nursing and Higher Education," notes prepared for the Florence Nightingale Committee, N.Z.R.N.A., 8 December 1967, p.16 (W.T.U., N.Z.N.A. box 18)

<sup>50</sup> *ibid.*, p.17

<sup>51</sup> *ibid.*, p.17

<sup>52</sup> *ibid.*, p.12

strong arguments for nursing education in the university setting. It is much stronger and more academic than the Reid Report. If Beatrice Salmon had been the adviser to the University Grants Committee it may have found it much more difficult to abandon the proposed nursing degree.

The Florence Nightingale Committee and the Nursing Services Committee then had joint meetings after considering Beatrice Salmon's report. Amongst other duties it was the Nursing Services Committee's role to study nursing needs and resources.<sup>53</sup> The Joint Committee decided that there needed to be a broad educational preparation for nursing leaders and that it supported both a graduate and a post-graduate programme in nursing.<sup>54</sup> They also recommended that an approach be made to the Government to form a joint committee of representatives of the Association, the Health Department, the medical profession and educators. Their role would be to investigate the current inadequacies of nursing education and formulate a plan for higher education. It was resolved that the executive should make this request "believing that the present system of nursing education in New Zealand does not meet present and future needs of nursing service in New Zealand."<sup>55</sup> The 1968 Annual Conference of the N.Z.R.N.A. adopted

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<sup>53</sup> Sister M de Montfort, "Survey of the Activities of the Nursing Services Committee of the N.Z. Nurses Association From its Inception in 1955 to the End of 1970," report for the Nursing Services Committee, N.Z.R.N.A., 12 February 1971, p.1 (W.T.U., N.Z.N.A. box 6)

<sup>54</sup> Ngaire Miller, "Post-basic Nursing Education", in Objects and Outcomes: New Zealand Nurses' Association 1909-1983, ed. M. Gibson Smith and Y.T. Shadbolt (Wellington: New Zealand Nurses Association, 1984), p.88

<sup>55</sup> Report of the Florence Nightingale Committee, minutes of the Dominion Executive, N.Z.R.N.A. 1-2 February 1968, p.6 (W.T.U., N.Z.N.A. box 6)

the resolution that the Health Department be requested to look into "the cost and effectiveness of the present system of nursing".<sup>56</sup>

The Department of Health then replied that there was a study being undertaken regarding nursing education in New Zealand and it would consider forming a committee.<sup>57</sup> In the last eighteen months of the decade the Health Department considered university education for nurses with Waikato and Massey universities, but by 1970 there were still no firm plans.

Meanwhile the N.Z.R.N.A. continued to publish articles on nursing education in the N.Z.N.J. to ensure that its members were aware of the issues involved. It also continued to support nurses financially for both university education in New Zealand and overseas. In 1966 when Flora Cameron died a fund had been established as a memorial to her. This then developed into the Nursing Education and Research Fund and money was raised for scholarships from nurses and the public.

The fight for nursing education in the universities had been renewed in the 1960s, yet once again, it had been difficult to convince the university or the Health Department to finance a nursing education course. Although those who were outside the N.Z.R.N.A. recognised that there were problems in nursing education they did not wish to take any risks to solve them.

#### THE RESPONSE OF THE N.Z.R.N.A. TO THE CRISIS IN THE EXISTING NURSING EDUCATION SYSTEM.

As well as pushing for education in the universities to try to improve the status of nursing and nursing education, the N.Z.R.N.A.

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<sup>56</sup> N.Z.N.J., vol.61, no.6, (1968), p.17

<sup>57</sup> Ngair Miller, p.88



had to respond to the immediate problems of high failure rates in the existing course. The reactions to the nursing education issue illustrate how jealously the N.Z.R.N.A. guarded its professional status. In the late 1950s the nursing curriculum had been changed so that the training course was more comprehensive, and difficult subjects such as anatomy and physiology were shifted to later in the course. The general course now included maternity nursing to make the course more attractive. This, however, did not solve problems such as the high failure rate of nurses in 1964 nor did it help with the retention of nurses.

The N.Z.R.N.A. actively supported the idea that a minimum educational qualification was needed for the registered nursing programme to ensure that academically capable girls were selected. This would then reduce the number of applicants who gained entry into nursing and found that they could not manage with the scholastic requirements. When School Certificate was proposed as the minimum qualification for the registered nursing programme there was a mixed reaction from the public and other members of the health sector. In January 1964 an article in the Herald Tribune (Hawkes Bay) stated that nursing must not be seen as a career for those "who have not bothered to take their schooling past the fourth form."<sup>58</sup> In a letter to the editor in the Evening Star (Dunedin) a different view was expressed which emphasised women's "natural" ability for caring. It said: "Surely one who is devoted and can give the patient a sense of well-being, comfort and gentleness means more than those who can pass exams,

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<sup>58</sup> Herald Tribune, (Hawkes Bay) article reprinted in N.Z.N.J., vol.57, no.1, (1964), p.16

above and beyond only to serve in an administrative capacity."<sup>59</sup> This was exactly the same argument which was given against nursing registration at the turn of the century. It implies that there is no skill in nursing other than that which is perceived by some as being "natural" to women.

The Association acknowledged that there was bad press over the School Certificate issue but stated that those who criticised the move did not have an appreciation of the content of the nursing syllabus nor did they have an appreciation of the requirements of the basic nursing service. They added that it was their responsibility "as the professional organisation in New Zealand for ensuring that high professional standards are set and maintained".<sup>60</sup>

The Association lobbied parliament, the Medical Superintendents Association and the New Zealand division of the British Medical Association for support in establishing School Certificate as a pre-requisite to general nursing. The N.Z.R.N.A. wrote to both the Medical Superintendent's Association and the B.M.A. expressing its concern at the lack of support for the minimum qualification. It explained to both Associations the importance of academic ability in student nurses because of the complexity of modern nursing.<sup>61</sup> The Medical Superintendent's Association said that it supported the move and that opposition would die down within their organisation once the importance

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<sup>59</sup> Evening Star, (Dunedin), 7/4/1964 (W.T.U., N.Z.N.A. box 3)

<sup>60</sup> N.Z.N.J., vol.57, no.1, (1964), p.15

<sup>61</sup> N.Z.R.N.A. to Dr. Smart Medical Superintendent Wairau Hospital, 23 June 1964 and N.Z.N.A. to Dr. A. Webb, General Secretary N.Z. division of B.M.A., 23 June 1964 (W.T.U., N.Z.N.A. box 3)

of the less skilled community nurse was established.<sup>62</sup> The B.M.A. also replied that they supported the move and stated that because of increased technology "nursing training must include much tuition of a highly academic nature."<sup>63</sup> Generally, then, despite some opposition in both these associations, they supported the introduction of School Certificate as a pre-requisite for general nursing.

The N.Z.R.N.A. then had to gain the support of Government to ensure that the education standard became law. It lobbied both Nordmeyer, the leader of the opposition, and Walter Nash, the Prime Minister, on the importance of the educational standard for entry into nursing. It made extensive submissions to the Nurses and Midwives Bill in 1965 pointing out the importance of educational attainment in nursing, and the importance of international recognition of New Zealand standards of nursing. It also stated, that as nursing had no minimum entry, girls of high academic ability were not choosing nursing as a career.<sup>64</sup>

The N.Z.R.N.A. had managed to convince the Government of the importance of School Certificate for nursing and its necessity was passed into law in 1965. Although the Association showed a great deal of strength over the issue, it was helped by the fact that both the Government and others within the health sector realised that there were major problems in the standard of nursing students.

The N.Z.R.N.A. further showed that it was very concerned with the status of New Zealand nursing by the reaction which it had to Britain's

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<sup>62</sup> Medical Superintendents Association to N.Z.R.N.A., 25 June 1964 (W.T.U., N.Z.N.A. box 3)

<sup>63</sup> N.Z. division B.M.A. to N.Z.R.N.A. 8 July 1964 (W.T.U., N.Z.N.A. box 3)

<sup>64</sup> N.Z.N.J., vol.58, no.1, (1965), pp 5-6

withdrawal of reciprocal registration with New Zealand. The Association responded immediately to the news, which was received in November 1964, and made representations to both the Minister of Health and the Prime Minister. The Association then put out a press release stating that it was "gravely concerned over the effect the reduction of the number of training schools would have... on the total nursing staffing situation of New Zealand Hospitals".<sup>65</sup> The Association then went on to say that it had agreed to finance a visit to London by the Registrar of the Nurses and Midwives Association to consult with the General Nursing Council of the United Kingdom. The visit took place in December and eighteen of the New Zealand training schools were accepted as opposed to the eleven which were initially accepted. Other students had to further their training by six to twenty-four months to be eligible for registration in England and Wales. It appeared, though, that the majority of nurses were accepted since over eighty per-cent of nurses were in the named eighteen acceptable hospitals.<sup>66</sup> Once again the N.Z.R.N.A. had a major impact in securing the status of New Zealand nurses and ensuring that there would be sufficient staff training at certain hospitals.

The idea of a trained auxiliary nurse to help the trained registered nurse was discussed in the N.Z.N.J. right from the beginning of the decade. Elizabeth Orbell, the principal of the Post-Graduate School of Nursing, stated that this type of nurse was needed to "undertake the routine care of the patient and leave the highly

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<sup>65</sup> Press Release N.Z.R.N.A. no date, probably December 1964 (W.T.U., N.Z.N.A. box 29)

<sup>66</sup> A.J.H.R., 1965, vol III, H.31, p.81

qualified nurse to give that expert care..."<sup>67</sup> The N.Z.R.N.A. supported the pilot scheme of training auxiliary nurses in 1962, who it was envisaged would be older women or younger women with a lower academic level of attainment than a prospective registered nurse. The Community Nurse scheme was formally introduced in 1966 and in that year the first state examination took place. The community nurse, however, had little opportunity for advancement in the nursing profession. The Association rarely mentioned the community nurse in the N.Z.N.J. and instead concentrated on the advancement of the "professional" nurse. However it was agreed by the N.Z.R.N.A., in 1965, that community nurses become associate members of the N.Z.R.N.A..<sup>68</sup>

There were still problems in nursing education despite the introduction of a minimum educational qualification for general nursing and programmes such as community nursing which were to allow registered nurses to do more specialised tasks. What was needed was intervention by the Government on a more significant scale to help the nursing profession.

#### GOVERNMENT INITIATIVES TO IMPROVE NURSING EDUCATION.

The Health Department had realised that the existing system of nursing education was not adequate in New Zealand, especially when international opinion on the matter was considered. The fifth report of the W.H.O. on nursing recommended that "the education of the nurse, at basic as well as post-basic level, be incorporated into the system

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<sup>67</sup> N.Z.N.J., vol.53, no.5, (1960), p.7

<sup>68</sup> N.Z.N.J., vol. 58., no.5, (1965), p.10

of higher education of the country as rapidly as conditions permit."<sup>69</sup> This same attitude was echoed in a New Zealand report on hospital services in 1969.

The Hospital and Related Services Report criticised the nursing education system at basic level for the restrictions that were placed upon it because of hospital service needs. It stated that because of hospital needs there was not the time to incorporate recent advances in knowledge in courses and so courses were arranged according to the whims of individual hospitals. This especially applied to sociological knowledge which was being neglected possibly because "too narrow an emphasis is placed on efficiency and technical competence and supplying the essential hospital service".<sup>70</sup> The Report proposed that a solution to the nursing education problem would be to have approximately 25% of nurses educated in universities and 75% in other parts of the education system such as Technical Institutes. These nurses, once in the workplace, would be supported by house keeping staff trained on the job.<sup>71</sup> This would mean that the blue collar element of registered nurses' work would be removed, making the process of professionalisation much easier. The Report basically stated what the N.Z.R.N.A. had been saying for the whole decade.

In 1969 the Health Department, which recognised that something had to be done, hired yet another overseas expert, this time a W.H.O. consultant, Dr. Helen Carpenter, to make a report on nursing education in New Zealand. Dr Carpenter recommended that there be university

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<sup>69</sup> W.H.O., Expert Committee on Nursing- Fifth Report, Technical Report Series no.347 (Geneva: W.H.O., 1966), p.30

<sup>70</sup> Department of Health, A Review of Hospital and Related Services in New Zealand, (Wellington: Department of Health, 1969), p.42

<sup>71</sup> *ibid.*, p.88

education for nurses.<sup>72</sup> She also recommended that general nurses should be educated in a tertiary institution and instead of hospital based training have a "more broadly based health-oriented education".<sup>73</sup> The report was followed by the formation of a committee to look at nursing education.

Finally, it seemed, a thorough report had been undertaken regarding nursing education which could be acted upon. It appeared that the Health Department had no alternative but to make some positive changes to nursing education because of all the criticism that the system had been subjected to, especially in the international context.<sup>74</sup>

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Although it took the Government a long time to actually do something constructive about the nursing education system, it had begun to make significant changes by the early 1970s. The changes would not have occurred without the consistent pressure the N.Z.R.N.A. had applied on the Health Department for university education and a superior quality education for nurses involved in the registered nurses programme. The Association had not allowed itself to be "led by others" and instead had made it its business to be involved in the changes to nursing education. It continually called for university

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<sup>72</sup> Department of Health, An Improved System of Nursing Education for New Zealand, Dr. Helen Carpenter, W.H.O., (Wellington: Department of Health, 1971), p.25

<sup>73</sup> *ibid.*, p.23-24

<sup>74</sup> A Senior lecturer in Nursing Studies was appointed in 1972 to Massey University and to Victoria University in 1973 as a result of international pressure.

Beatrice Salmon, "New Zealand Universities and Nursing Education. The First Seven Decades," paper presented at the Australian and New Zealand Medical Conference, Christchurch, 25 August, 1981, in A Profession in Transition: Issues in New Zealand Nursing Over Two Decades 1961-1981 ed. .P Carroll, A. Fieldhouse and S. Shaw (Wellington: C.L. Bailey Trust 1982)

education, because even though it seemed that some universities supported the idea in principle, they had failed to put the idea into practice. The Health Department supported university education for nurses after some convincing arguments for it were made, but it could not pay for it, nor could it insist that universities provide nursing courses. The Association had managed to ensure that there would be a minimum entry into nursing which helped the educational status of nursing. Finally, it had attempted to salvage New Zealand's good name in nursing over the reciprocal agreement issue.

The N.Z.R.N.A. had used education issues as a means of ensuring that nursing kept its status in society. It had also used it as a way of assuring nurses that they were involved in an occupation which would provide opportunities for them. It was fortunate for the N.Z.R.N.A. that both its motivations for professional status and the public good coincided. This is partly why the N.Z.R.N.A. eventually succeeded in getting its views on nursing education heard.





## CHAPTER FOUR

### PUBLIC RELATIONS IN A DECADE OF CHANGE

Public relations became an increasing preoccupation of the N.Z.R.N.A. in the 1960s. Representing the professional interests of the majority of New Zealand's trained nurses was regarded by the Association as its main role. In order to convince the community that it was the best organisation to do this the Association needed to convey a good professional public image. Aspiring professional associations, need to convince the rest of the community that they have a special right to have a major influence on how the profession is conducted. If the public do not question this right, the profession is respected and has a certain degree of autonomy. The N.Z.R.N.A. required both the support of the public and its own members to ensure that it had professional status.

In this chapter I will endeavour to show how the Association conducted its public relations to ensure that it was seen as a professional association. Firstly, I will look at the difficulties the Association had in actually gaining membership. I will, then, see how the Association portrayed itself to other nursing associations namely, the Public Service Association and the Male Nurses Association. In the 1960s it appeared that the N.Z.R.N.A. wished to keep its position as the principal nursing voice in New Zealand even though these other organisations also represented nurses. Finally, I will look at how the Association represented itself to the general public. This can be examined by looking at the newly established public relations committee and at the attitudes expressed by the Association

in relation to any controversy involving nurses. When public relations are taken into account we should be able to gain some insight as to how the N.Z.R.N.A. saw itself in terms of professional status.

Public relations and their importance were given prominence in the N.Z.N.J. in June 1961. The articles came from the twelfth Quadrennial Congress of the I.C.N., where, for the first time, the issue had been examined in depth. It appeared that at this stage the Association was attempting to educate its members on the importance of a good public face.

In an address to the Congress an Australian editor, Pat Jarrett, pointed out the importance of public relations in a time when the world was changing. She stressed that because patients in hospitals did not have the same nurse all the time, they may have seen the nurse's role as becoming de-personalised. To help overcome this the nursing profession had to make it known that it was doing a good job in the light of the changing nature of health care.<sup>1</sup> The importance of good public relations with regards to effective recruitment for student nurses was also pointed out. She made strong statements which pertained to professional status such as that "professional status can be improved, professional objectives achieved, only in a climate of public interest and sympathy"<sup>2</sup> and "the advancement of the profession will keep step with public comprehension of the value of nursing if the public relations policy is realistic and vigorous".<sup>3</sup> She said that good public relations required a sound knowledge of the media and personnel involved in the media. For this to be achieved there needed

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<sup>1</sup> N.Z.N.J., vol.54, no.6, (1961), p.22

<sup>2</sup> *ibid.*, p.22

<sup>3</sup> *ibid.*, p.23

to be specialists in this field within the professional association. In general the article suggested that it was now imperative for a professional association to have a public relations policy if it wished to have public support and status.

In the same issue of the Journal, there was a public relations section which gave extracts from the same I.C.N. Congress. These articles emphasised the importance of public relations structures within nurses' associations and also the importance of the individual nurse's role in providing a positive image of nursing. One article suggested that from the moment a woman is known as a nurse she "to a greater or lesser degree, typifies nursing in general."<sup>4</sup> This reinforced the attitude that a nurse should act in accordance with the rules of the nursing profession both on and off duty. The role of nursing associations in educating its members on public relations issues was said to be very important in the article. In addition to this the associations were advised that they should keep their members updated and interested in nursing current affairs through articles in nursing journals.<sup>5</sup>

The ideas put forward by the Congress were taken on board by the Florence Nightingale Committee and the Nursing Services Committee within the N.Z.R.N.A.. These committees promptly suggested to the executive of the Association that a public relations committee should be established and that a public relations consultant be appointed.<sup>6</sup> They agreed to bring their ideas to the next Dominion Executive meeting

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<sup>4</sup> N.Z.N.J., vol.54, no.6, (1961), p.7

<sup>5</sup> ibid., pp. 10-11

<sup>6</sup> Minutes of the Florence Nightingale Committee, N.Z.R.N.A., 30 November 1961 (W.T.U., N.Z.N.A. box 6)

so that a committee could be established. International thinking had once again inspired members of the Association to move with the times. However, before we look at the public relations committee, we need to look at the membership situation within the N.Z.R.N.A. at the time.

#### THE N.Z.R.N.A.'S MEMBERSHIP PROBLEM

The state of the membership of the N.Z.R.N.A. in 1960 could only be described as grim. Professional associations need strong membership. They need this in order to be recognised as being a powerful body of people who have special concerns relation to their occupation, which ultimately means they have control over what they are doing. In a study carried out by students at the Post-graduate Nursing School it was found that less than a third of practising registered nurses were members of the N.Z.R.N.A.. Most of those who were not members were younger nurses.<sup>7</sup>

The Dominion Executive in the same year sent out a survey to 105 of the N.Z.R.N.A.'s unfinancial members who made up a total of 20% of the membership. From these questionnaires only 40% were returned. The questionnaire asked members how long they had been members, asked them about their level of involvement in the Association, their knowledge of the Association and its leaders and sought opinions about subscriptions.<sup>8</sup> Of the number of replies received, the majority were from non-practising members. The comments which were returned varied, but one theme which did appear to be common was the hierarchial nature of the Association meetings. One respondent summed the position up well when she stated that "often senior members such as a Matron tend

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<sup>7</sup> N.Z.N.J., vol.53, no.8, (1960), p.8

<sup>8</sup> ibid., pp.9-10

to over-awe Sisters and Sisters tend to over-awe Staff Nurses."<sup>9</sup> It appeared from the comments that there was little encouragement or knowledge of the Association's activities shared by senior staff to junior members to inspire them to join the Association.

This was followed up by a comment in the October 1960 issue of the N.Z.N.J. by a Matron of twenty four years standing. She pointed out that it was usually the seniority aspect of the Association which deterred younger nurses from joining.<sup>10</sup> She also made the point that often nurses did not actually know what the Association was doing for them and that "to read that a trained nurse does not know what is gained by being a member of the N.Z.R.N.A. speaks for itself."<sup>11</sup> This point was also made by a staff nurse who worked in the 1960s at Christchurch Hospital. She said that most nurses did not know what was happening with regard to education and employment issues. The Nurses Association did not appear to be doing anything to improve the lot of the nurse on the wards.<sup>12</sup> These attitudes meant that the N.Z.R.N.A. really did need to do something to improve its image amongst nurses and to gain their full support.

The N.Z.R.N.A. began the task of recruiting new members by urging existing members to encourage others to join the Association. The benefits of strength in numbers and unity in membership were stressed as a means of improving both the education system for nurses and their

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<sup>9</sup> ibid., p.11

<sup>10</sup> N.Z.N.J., vol.53, no.10, (1960), p.7

<sup>11</sup> ibid., p.8

<sup>12</sup> Interview with Marie Wilde, Christchurch Public Hospital, 9 March 1992.

economic welfare.<sup>13</sup> The Association had hired a local public relations consultant to examine and comment on the structure and administration of the Association.<sup>14</sup> Peter Cherrington, the consultant, recommended that a synopsis of National activities be a regular feature of the N.Z.N.J. and that there should also be brief reports of committee meetings. The Dominion Executive agreed to these recommendations and resolved that the consultant would formulate and implement plans for a membership drive.<sup>15</sup>

The membership drive, which was aimed at hospital employed nurses, took place in late 1966 using the slogan "Every Nurse a Member". The result was that the Association gained over 1000 new members.<sup>16</sup> Many of the new members were younger nurses, which was the result the Association had hoped for.<sup>17</sup> The Association still did not include all nurses and the increased membership did not mean that younger nurses had more say at Association meetings. In 1968 the Student Nurses Association complained to the Dominion Executive that Matrons were attending student meetings and inhibiting many of the students.<sup>18</sup> Even though the Association may have increased its membership there were still problems associated with the strict nursing hierarchy which was embedded in nursing culture. This meant that the Association did

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<sup>13</sup> N.Z.N.J., vol.57, no.6, (1964), p.4

<sup>14</sup> "N.Z.N.A.: Structure and Function 1909-1983", Objects and Outcomes, ed. M. Gibson Smith & Y.T. Shadbolt (Wellington: N.Z.N.A., 1983), p.12

<sup>15</sup> Minutes of meeting of Dominion Executive N.Z.R.N.A., 26 February 1966, pp.2-3 (W.T.U., N.Z.N.A. box 6)

<sup>16</sup> N.Z.N.J., vol.60, no.3, (1967), p.13

<sup>17</sup> "N.Z.N.A.: Structure and Function 1900-1983", p.12

<sup>18</sup> Minutes of Dominion Executive N.Z.R.N.A., 3-4 October 1968, p.15 (W.T.U., N.Z.N.A. box 6)

not gain the full benefit of the opinions and ideas of its younger membership. The situation seemed unavoidable because of the nature of nursing training at the time.

#### RELATIONS WITH THE P.S.A. AND THE MALE NURSES SOCIETY

Although the N.Z.R.N.A. did not have the full support of the profession it made it quite clear to other groups which represented nurses that it claimed to be the professional voice of nursing. This attitude can be seen most clearly in the stance the Association took in the conflict with the Public Service Association regarding nominations to the Nurses and Midwives Board. In industrial relations matters the P.S.A. represented nurses who were employed in mental hospitals. This was because these nurses were employed by the Health Department and not hospital boards. If any of the nurses were registered nurses and were female they could also belong to the N.Z.R.N.A. who would represent them in professional matters such as education.

The N.Z.R.N.A. had the right to nominate a nurse on to the Nurses and Midwives Board to represent psychiatric nurses. At this time the N.Z.R.N.A. could nominate the total of four nurses on to the Board. A psychiatric nurse was included in the four.<sup>19</sup> In 1958 the secretary of the P.S.A., wrote to the N.Z.R.N.A. complaining that the group committee, which represented nurses in the Mental Health Division, was not consulted prior to the nomination of the representative of

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<sup>19</sup> In 1945 section 4 of the Nurses and Midwives Act was amended to include on the Board, the Director of Mental Hospitals, a person nominated by the Hospital Boards Association, a psychiatric nurse and an extra registered nominated by the N.Z.R.N.A. or any other approved organisation. If the Registrar of the Board is taken into account five out of the nine members were nurses.



psychiatric nurses on the Board and it appeared that the staff were not consulted either. The P.S.A. requested that it nominate the next representative on the Board because it represented the majority of psychiatric nurses in industrial matters.<sup>20</sup> The P.S.A. also sent a deputation to the Prime Minister over the matter.

The N.Z.R.N.A. reacted to the situation in a way that showed that it would not, under any circumstances, give up any of its rights to represent nurses professionally. The Association replied to the P.S.A.'s request stating that it would not give up the right to nominate a psychiatric nurse to the Board since the N.Z.R.N.A. had special concerns with professional matters which included a "special knowledge of nurse education which is a primary concern" of the Association.<sup>21</sup> The N.Z.R.N.A. then wrote to the Minister of Health and the Prime Minister explaining that the N.Z.R.N.A. allowed female psychiatric nurses to join it and the Association had the best professional knowledge to nominate a representative to the board. It also said that the person it selected "must be in active practice and be in good standing professionally and within the Association"<sup>22</sup> This statement implies that to be in good standing within the profession and the association were one and the same. The N.Z.R.N.A. ensured that psychiatric nurses knew about the importance of the Association by visiting Mental Hospitals and instructing Matrons to inform their staff about procedures regarding elections to the Nurses and Midwives

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<sup>20</sup> P.S.A. General Secretary, Mr Turnball to N.Z.R.N.A. Dominion Secretary, Margaret Pickard, 13 October 1958 (W.T.U., N.Z.N.A. box 2)

<sup>21</sup> Dominion Secretary N.Z.R.N.A. to General Secretary P.S.A. 28 October 1958 (W.T.U., N.Z.N.A. box 2)

<sup>22</sup> Dominion Secretary, N.Z.R.N.A. to Prime Minister, Walter Nash, 28 October 1958 (W.T.U., N.Z.N.A. box 2)

Board and how psychiatric nurses could have some input into the process.<sup>23</sup>

Even though the N.Z.R.N.A. had made its position quite clear to the P.S.A., and ensured that it was known that it was the body which had the authority to make decisions on professional matters in nursing, the P.S.A. raised the issue again in 1963 when replenishment of the Board was due. The N.Z.R.N.A. met with the P.S.A. over the matter and, although the meeting was "amiable", neither side budged from its position.<sup>24</sup> Once again the N.Z.R.N.A. had managed to hold on to what it considered its professional right. It wrote to the Minister of Health expressing its gratitude to the Health Department over its support of the Association. It stressed that the present system of representation on the Nurses and Midwives Board was "in the best interests of professional nursing."<sup>25</sup>

The N.Z.R.N.A. had managed, once again, to ensure that the P.S.A. knew, in no uncertain terms, that the N.Z.R.N.A. was the only voice of professional nursing in New Zealand and it was the only Association which had the knowledge and expertise to carry out this function. This conflict had shown that the Association was willing to fight for power and status. Even though the Association knew that the issue would arise again in the future, as it did again in 1966, the Association made it obvious to all involved that it would not give away any of its

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<sup>23</sup> "Circular to Matrons of Psychiatric Hospitals," N.Z.R.N.A., 30/10/1959 (W.T.U., N.Z.N.A. box 2)

<sup>24</sup> Memo to Matrons of Psychiatric Hospitals, Dominion Secretary, N.Z.R.N.A. 11/3/1963 (W.T.U., N.Z.N.A. box 2)

<sup>25</sup> Dominion Secretary N.Z.R.N.A. to Minister of Health, 11 March 1963 (W.T.U., N.Z.N.A. box 2)

exclusive rights to represent nurses professionally, no matter how often they had to fight any opposition.

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The relationship the Association had with the Society of Registered Male Nurses was relatively good because the N.Z.R.N.A. perceived it as posing little threat since it represented only a small number of nurses. The Society of Male Nurses was concerned with the status of the male nurse and it negotiated wages and conditions for male nurses. An article in the N.Z.N.J. suggests that male nurses in 1960 had not achieved the same professional status as female nurses had done. The article said that female nurses must "evaluate the man nurses contribution without personal bias".<sup>26</sup> The author of the article acknowledged that there was a certain degree of prejudice against male nurses in the health professions.

This prejudice became public in May 1964 since it was suggested at the Society of Male Nurses Annual Conference that the N.Z.R.N.A. and the Society of Male Nurses had a poor relationship. The N.Z.R.N.A. was concerned over this bad press and immediately called a meeting between the two associations. Even though many of the N.Z.R.N.A.'s members may have expressed prejudice against male nurses the Association as a body did not wish to be implicated in this prejudice. After the meeting it was reported that the Society regretted the comments that it had made and said that the relationship between the two associations had been "most cordial and helpful".<sup>27</sup> In an editorial in the N.Z.N.J. members were urged to do all they could to ensure that the good relationship between the two organisations was

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<sup>26</sup> N.Z.N.J., vol.53, no.2, (1960), p.11

<sup>27</sup> N.Z.N.J., vol.58, no.5, 1965, p.9

"understood by both the public and the younger members of the profession".<sup>28</sup> Male nurses were accepted into the N.Z.R.N.A. in April of 1969 and the Society for Male Nurses disbanded. The Association would no longer have to be concerned over conflict with male nurses which would produce bad press.

The N.Z.R.N.A. had ensured that it was the professional representative of nursing in New Zealand without question. The P.S.A. was a threat to them because it represented psychiatric nurses in the industrial relations arena and it had managed to get better wages for psychiatric nurses. The N.Z.R.N.A. had to ensure that it had the support of the Health Department and the psychiatric nurses so that the P.S.A. would not move into its territory. The male nurses were no great threat to the N.Z.R.N.A. because of their small numbers. However the N.Z.R.N.A. had to ensure that they did not make criticisms of the Society of Male Nurses. The Association managed to handle the situation with the male Nurses with decorum and its dealings with them were made easier when male nurses were absorbed into its membership.

#### PUBLIC RELATIONS COMMITTEE

The N.Z.R.N.A. acted promptly in establishing a public relations committee after the International Council of Nurses had recommended that public relations should be a major priority for nursing associations.<sup>29</sup> The I.C.N.'s Public Relations Committee held its first meeting in March 1963, the same month that the New Zealand committee held their first meeting. The functions of the New Zealand Public

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<sup>28</sup> N.Z.N.J., vol.57, no.8, 1964, p.4

<sup>29</sup> Secretary Public Relations Committee, I.C.N. to Dominion Secretary N.Z.R.N.A., March 1963 (W.T.U., N.Z.N.A. box 6)

Relations Committee were to promote nursing matters publicly at a national level and encourage branches to do the same at the local level; to disseminate correct information regarding nursing affairs through all available channels, and to deal with adverse publicity. It also agreed that individual nurses were public relations officers in their own right and nurses had a responsibility to ensure that they were well informed.<sup>30</sup> These functions, except for dealing with adverse publicity, continued to be the aims of the Committee until 1968 when it was disbanded. It was decided later that members of the Committee could not discuss adverse publicity immediately or prepare statements on controversial policy, since they actually had to meet physically at mutually convenient times. The Committee was chaired by the Dominion Secretary and so it was decided to leave this task to her.<sup>31</sup>

The major projects of the Committee were the preparation of a brochure about new Zealand nursing for both potential nurses in New Zealand and nurses who were overseas and might wish to emigrate; a history of New Zealand Nursing, and resource tapes for branches. Unfortunately the Committee could not carry out all of these tasks because of limited funds. The cost of the brochure was too high for the value the Association would gain from it and the Health Department declined funds for its production.<sup>32</sup> The Health Department already had an active recruitment committee which had published new brochures as a possible means of enticing more young women to apply for nursing and so

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<sup>30</sup> Minutes of the Interim Public Relations Committee, 6 March 1963 (W.T.U., N.Z.N.A. box 3)

<sup>31</sup> Minutes of the Public Relations Committee, 26 November 1964 (W.T.U., N.Z.N.A. box 3)

<sup>32</sup> *ibid.*, 28 October 1965 (W.T.U., N.Z.N.A. box 3)

it saw the N.Z.R.N.A. brochures as being of little use.<sup>33</sup> With regard to the history of the Association the Committee found that the publishers would find the market too small for the book and so it would be necessary to get the Association to find finance for it.<sup>34</sup> The resource tapes were a success and the Committee built up a library of tapes for branches to use when they found it difficult to get speakers in.

It was agreed by the Committee that it was very difficult for it to fulfil its function. All its major projects had to take place in the National Office and could be dealt with by the Headquarters Committee in an emergency, and the Professional Services Committee could probably deal with any other matters.<sup>35</sup> Public relations then became a head office matter in 1968. Even though the Committee did not achieve what it set out to do it kept important public relations issues alive. The brochure idea showed that the N.Z.R.N.A. still thought that it was its responsibility as a professional nursing body to ensure that recruitment and knowledge of New Zealand nursing overseas was conveyed.<sup>36</sup> The idea of a history of New Zealand nursing suggests that the Association valued its professional culture very dearly. The tapes

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<sup>33</sup> Minutes of National Advertising Campaign, Department of Health, 18 October 1966 (N.A. H1 32541)

<sup>34</sup> Minutes of the Public Relations Committee, 15 October 1966 and 27 January 1967 (W.T.U., N.Z.N.A. box 3)

<sup>35</sup> *ibid.*, 28 February 1968 (W.T.U., N.Z.N.A. box 3)

<sup>36</sup> Minister of Health to Dominion Secretary, N.Z.R.N.A., 27 July 1962 (W.T.U., N.Z.N.A. box 3) In 1962 the Association had asked the Minister of Health bring New Zealand registered Nurses home from Britain on a scheme where the Health Department would pay for the fare. The fares would be refunded to the Health Department by a bonding of nurses for two years. The Health Department did not agree to this since such a scheme could have encouraged New Zealand nurses to go overseas knowing that they would get a free trip back to New Zealand.

did carry out the function of ensuring that nurses were kept up to date with the latest nursing information and therefore could be good public relations officers themselves. Even though the Association had dealt with public relations in an active way it still had to ensure that it reacted to controversy or adverse publicity involving nurses.

#### PUBLICITY AND THE MEDIA

Controversy over certain issues was unavoidable during the 1960s. The Association had to maintain a good image of nursing because of the changes to education and wages and conditions it was fighting for. One of the largest controversies was over the School Certificate issue. As seen in the previous chapter, the Association wrote to the major organisations which had expressed their concern and gave a realistic explanations as to why School Certificate was necessary. The result was that the controversy faded away once the public knew the reasons for making school certificate a requirement for the registered nursing programme. Although this was a major issue, the Association still had to deal with smaller issues relating to nurses which had the potential to cause public scandal.

One example of a possible scandal was comments which were made by the Medical Superintendent of Auckland Hospital, Dr P. Savage, regarding lesbians in nurses hostels. Dr Savage described lesbians, in Truth, as a "real problem to those in charge of large institutions where many women live together."<sup>37</sup> His comments were both homophobic and made incorrect assumptions about women's sexuality since he stated that women's sex drive was not as strong as that of mens'. The Association reacted against the article, not for the reasons above, but

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<sup>37</sup> The Truth, 17/1/1967 (W.T.U., N.Z.N.A. box 3)

because they damaged the image of nursing and this could have affected recruitment. Instead of retaliating, which would have stimulated public controversy over the matter, the Association wrote to the Minister of Health explaining how much distress the article had caused.<sup>38</sup> A letter was also sent to Dr Savage stating that he should not have stated his views and that it could have adversely affected recruitment.<sup>39</sup> The Association had not stimulated more controversy by further involving the media. Instead it dealt with the matter directly so that the issue would not stay alive in the public mind.

Another instance involving adverse publicity was a report in the Evening Post headed "Nurse Accomplice in Dunedin Robbery".<sup>40</sup> In a letter to the editor of the paper Margaret Pickard objected to the use of the word nurse in this case since the woman in question was a nurse aide and therefore in the Association's view "untrained". She went on to say that the "casual use of the term [nurse] in this manner causes considerable distress to nurses with professional registration."<sup>41</sup> It is significant that a definite distinction was drawn between the untrained nurse and the professional, or trained, nurse. This is a clear example which shows that the Association wished to draw to the public's attention its view that the term nurse should not be used carelessly. This is an example of a professional association

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<sup>38</sup> The response can be picked up by the correspondence from Minister of Health to Dominion Secretary N.Z.R.N.A., 8 February 1967 (W.T.U., N.Z.N.A. box 3)

<sup>39</sup> Minutes of Public Relations Committee, 27 January 1967 (W.T.U., N.Z.N.A. box 3)

<sup>40</sup> Evening Post, 8/6/1966 (W.T.U., N.Z.N.A. box 29)

<sup>41</sup> Evening Post, letter to the editor from M. Pickard, Dominion Secretary. N.Z.R.N.A., date unknown- somewhere between 8/6/1966 and 4/7/1966 (W.T.U., N.Z.N.A. box 29)



endeavouring to convince the community that a professional title should not be used inaccurately. This is common of professionals, since they make certain that they are seen as being an exclusive group by society at large, which in turn gives them more status.

From examining these two examples of adverse publicity we can see that the Association on both occasions acted with restraint and dealt with the matters promptly. In both cases the reactions were carefully planned so there would be a greater chance of ensuring that the profession's good name was in no way tarnished.

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The N.Z.R.N.A. managed to maintain a professional image in the 1960s by ensuring that it paid constant attention to the way in which nurses were perceived. It managed to increase its membership with the help of a public relations consultant. It did not, however, manage to gain the full support of all registered nurses because of the hierarchial attitudes which were embedded in nursing culture.

The Association maintained and strengthened its position as the professional voice of nursing even without the full support of all nurses. The P.S.A. was told that it was not its business to interfere with professional nursing matters and the male nurses became a part of the N.Z.R.N.A.. The battle with the P.S.A. was clearly a battle for territory. The N.Z.R.N.A. fought so hard because it knew that a loss of professional rights would mean a loss of status. The N.Z.R.N.A. made certain that its status was further enhanced by making public relations an important focus for the Association. If the public were on side with the Association and recognised its expertise in nursing matters, the Association would then have a greater chance of achieving its goals especially in regard to education and industrial relations.

**PART II**  
**INDUSTRIAL RELATIONS**

**CHAPTER FIVE**

**NURSES AND THE INDUSTRIAL RELATIONS BACKGROUND TO 1960: THE NEED FOR CHANGE.**

WORKERS OR PROFESSIONALS?

The attributes of a profession, which were discussed in Chapter One, leave very little room for the role of unionism. The N.Z.R.N.A. did see it as its duty to protect the economic welfare of its members, but could nurses be described as either a blue or white collar workers?

The terms white and blue collar workers are traditional terms and have been used by writers to look at occupation, class and status. Put simply, blue collar workers do manual work. White collar workers are those who do not do manual work, but use pens, paper, typewriters and books. White collar jobs generally have more status than blue collar occupations. White collar workers are paid a salary rather than a wage and so they are not seen as working by the hour.

Where, then, did nurses fit into the blue and white collar model? Nurse's work included domestic duties and work which required physical exertion and this could only be described as manual work. On the other hand, nurses also did other types of work which involved administration and study. It would seem then, that the actual work nurses did fell in between blue and white collar work. However, nurses were service workers with a strong service ethic and in that respect they were more like white collar workers and professionals.

It is significant that nurses did not see themselves as workers, but as professionals. Their strong service ethic was the factor which distinguished them from workers. This meant that using union tactics associated with both white and blue collar workers, should be avoided. When blue collar workers unionise they sometimes use confrontational tactics such as strike action. White collar workers, on the other hand, have used tactics which are less confrontational, but still forceful such as deputations, parliamentary lobbying and overtime bans.<sup>1</sup>

The dilemma for nurses was that they were moving closer to becoming a profession in the 1960s, but their pay and working conditions were quite inferior to other professions. In order to make nursing more attractive and, indeed, more like other professions, the N.Z.R.N.A. knew that it would have to work towards improving the salaries and working conditions of its members. It would be difficult to achieve this when the nursing ideology of professional service, of putting others before self, was so deeply enshrined in nursing culture.

When looking at how the N.Z.R.N.A. ensured that nurses had a more effective system of industrial relations in the 1960s, we must consider how it dealt with this issue previously, and look at its stance on industrial relations in the context of most other New Zealand workers. In this chapter I will look, firstly, at the general system of industrial relations in New Zealand leading up to the 1960s and examine why it was that the N.Z.R.N.A. choose to stay outside it. I will then go on to look at the attitudes the Association had towards unionism and how this meant that they chose other means of representation. This

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<sup>1</sup> Bert Roth: Trade Unions in New Zealand- Past and Present (Wellington: Reed Education, 1973), p.136

will be followed by a discussion of the representation that was chosen and its shortcomings.

Although the N.Z.R.N.A. made claims to represent all registered nurses professionally, it did not represent them all in industrial relations. For the purpose of industrial relations nurses can roughly be divided into three areas. Firstly the N.Z.R.N.A., represented nurses in public hospitals and private hospitals, but did not have the power to negotiate officially for its members in the public hospitals until 1969 with the passing of the State Services Remuneration Act. Secondly, private sector nurses, although they were members of the Association and were kept informed on professional issues by it, had the least protection of all nurses in the area of industrial relations. The Association could contribute to negotiations regarding nurses salaries, but there was no requirement which meant that private hospitals had to pay these rates. Thirdly, the P.S.A. represented nurses who were either public health nurses or who were psychiatric or psychopaedic nurses employed in mental hospitals which were under state control. The P.S.A. negotiated with the state for the salary and conditions of employment for its members, but it was not recognised by the N.Z.R.N.A. as an organisation that was capable of furthering and protecting the nursing profession. Many female P.S.A. members belonged to the N.Z.R.N.A. to have their professional needs fulfilled.

#### INDUSTRIAL RELATIONS IN NEW ZEALAND

From 1894 the majority of unions in New Zealand were registered under the Industrial Conciliation and Arbitration Act. This Act was often amended but basically it remained intact and became central to the New Zealand industrial relations system. The main feature of the

Act was that it gave any union which registered with the Act an opportunity to force employers to meet with them in conciliation procedures for disputes over wages and conditions of work. If this failed they could then go to an Arbitration Court which consisted of a Judge and two nominated members representing workers and employers respectively. The award the Court decided upon was enforceable by law.<sup>2</sup> There were penalties for employers who breached the awards. Registration under the Act was voluntary, which is why the N.Z.R.N.A. did not have to be a part of this system.

One of the reasons the Association was not registered was because of the restrictions which were placed upon registered bodies. Section 5 of the Act stated that those who registered with the Act had to be "lawfully associated for the purpose of protecting or furthering the interests of employers or workers in connection with any specified industry or related industries."<sup>3</sup> This implied that the organisation must have been formed specifically for the purpose of protecting the economic welfare of its members, which, of course was not true of the N.Z.R.N.A.. There were other restrictions on organisations. For example, the organisation's name had to follow the form set down in the Act and it had to submit annual returns to the Registrar which gave the names, addresses, occupations of its officers, trustees and its auditors. If the organisation did not comply with these rules it was liable to fines. Another important limitation on the organisation was that its rules could be altered by the Registrar if they did not comply with the Act. Registration could be cancelled and this usually occurred when the union struck illegally. Cancellation of registration

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<sup>2</sup> *ibid.*, p.95

<sup>3</sup> Industrial Conciliation and Arbitration Act 1925

meant that a new union could take over in the particular industry. This was of major significance, for as Brosnan and Wilson point out, one of the major advantages of the Act was that a union maintained power of representation over its industry or occupation.<sup>4</sup> This meant that there could not be two unions in the same industry, which of course, would be of concern to the N.Z.R.N.A. if a nurses' union was formed which was independent of the Association. Generally registration under the Act would have meant that the N.Z.R.N.A. could not control its own affairs which was inconsistent with the idea of a professional association.

Apart from the negotiation of awards, the Arbitration Court had other functions affecting nurses. In 1919 it issued wage standard pronouncements for men and women in skilled, semi-skilled and unskilled occupations. Women's wages were set at much lower rate than were men's wages. This reinforced the attitude that men's work was more important than women's work.

In 1936 an amendment to the Act brought the introduction of compulsory unionism. This meant that if a union was registered under the Act all of the workers covered by the particular union's award had to join that union by law. An employer was not allowed to employ a non-unionist if there were people available to work who were union members. The Section provided that an employer "bound by an agreement or award" can employ a non union member only whilst there are no other workers available to do the work.<sup>5</sup> Although compulsory unionism was

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<sup>4</sup> Peter Brosnan and Moira Wilson, "The Historical Structuring of the New Zealand Labour Market," Working Paper 4/89 I.S.S.N. 0113-1788, Industrial Relations Centre, Victoria University, Wellington, (1989), p.2

<sup>5</sup> Industrial Conciliation and Arbitration Act 1936 section 18(5)b

repealed by the National Government in 1961, it still is important to consider when discussing nurses in the 1960s. Its introduction brought some interesting reactions from the N.Z.R.N.A. which helped to define its attitudes regarding unionism.

#### THE N.Z.R.N.A. AND UNIONISM

Issues of unionism were central to the Association right from its inception although it took a very dim view of industrial unionism. In an early issue of Kai Tiaki an editorial stated the Association's stance on the issue:

We must, however, guard against any element of trade unionism creeping in amongst us. A nurse must be a woman, working, not in the first place for the sake of money making, but for the good of her fellow creatures, to alleviate suffering when she can, and help towards health those who need her care. In doing this she may legitimately look forward to earning her living in the way in which her natural instincts lead her.<sup>6</sup>

This statement illustrates the good woman/ good nurse aspect of the Association's early views on a profession. A good woman or nurse was supposed to sacrifice herself to others in the name of service. It then followed that trade unionism would be inconsistent both with the notions of a good woman and a professional.

If the Association did not wish to become an industrial union, how did it deal with protecting the economic welfare of its members in a society where most workers operated under the umbrella of the Industrial Conciliation and Arbitration Act? Before 1947 the main method used by the Association was to write to either the Hospital Boards Association, the Registrar of Nurses in the Health Department or the Inspector of General Health. It must be stressed that the Hospital

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<sup>6</sup> Kai Tiaki vol 2, no.3, (1909), p.77

Boards Association could not enforce its decisions strictly on the Hospital Boards. Each Board paid nurses its own scale and this was "dependant on the finance available in each area."<sup>7</sup> The Hospital Boards were relatively autonomous which meant that the Association had very little power in the area of industrial relations.

During this time of powerlessness the issue of trade unionism was raised. This occurred in response to a greater awareness of unionisation by nurses. In the mid 1930s, for example, practice nurses working for doctors and dentists applied to register a union. The idea of all private sector nurses forming their own union was then floated around, but the Association quickly responded saying that it would continue to protect these nurses. Student nurses also talked of forming their own union. The Association again was quick to act and allowed these nurses into the Association as associate members.<sup>8</sup>

The Government's plan to introduce compulsory unionism in 1936 was of major concern to the Association. An emergency committee wrote to the Minister of Health expressing its concerns. He agreed with the Association that it existed for the good of all nurses.<sup>9</sup> Nevertheless the Association was concerned that another union could be registered under the Act, which would mean that the Association would no longer represent nurses in industrial matters. This could have lead to a loss of representation in professional matters. The Association decided, in order to avoid this situation, it was best to register under the

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<sup>7</sup> N.Z.N.J., vol.54, no.8., (1961), p.8

<sup>8</sup> Shona Carey, "Professionalism and Unionism: Transcending the Conflict", Objects and Outcomes: New Zealand Nurses' Association 1900-1983, (ed.) M. Gibson Smith and Y. T. Shadbolt (Wellington: N.Z.N.A., 1984), p.32

<sup>9</sup> ibid., p.33



Industrial Conciliation and Arbitration Act. In 1939 the Association announced its intention to register. Many nurses were concerned over this development and an article in N.Z.N.J. tried to put these fears to rest:

By registering as an industrial union we are being provided with the machinery to make improvement and advancement possible...The value of this Union being controlled by this Association is that all nurses will have a say in their own conditions. Our self governing principles will be retained, our educational standard will continue on its upward progress and this new power will give us greater strength.<sup>10</sup>

The article went on to say that it was an important move for the Association to make. As it happened there were technical problems regarding the registration of the Association under the Act and the issue was put on hold until after the war. It is significant that the Association, although against trade unionism, was prepared to make this move. This incident shows it felt that it did not have any choice in the matter if it wished to retain its membership and therefore its support in professional matters.

The war meant changes to the attitude of the Association regarding unionism and payment. An article on "Women and work" in N.Z.N.J. discussed the advantages of nursing which were, as the author saw it, the development of character gained by seeing pain and suffering. The author then went on to say that what nursing had to offer meant "a great deal more than pounds, shillings and pence."<sup>11</sup>

Opinions expressed by the Dominion Secretary, Mrs Donner, also show this. She stated that a union was "entirely unsuitable for those who

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<sup>10</sup> N.Z.N.J., vol 32, no.3, (1939), p.112

<sup>11</sup> N.Z.N.J., vol 36, no.3, (1943), p.51

undertake the care of the sick"<sup>12</sup> and that a "union places the worker first, not the standard of work."<sup>13</sup> These opinions further illustrate the Associations views on professional service, that is to put others before self and not ask to be rewarded. Gender was a vital consideration in this context because male professional groups would more likely say that, because they served, their members deserved a substantial financial reward.

The Association again demonstrated its opposition to trade unionism by promptly reacting to a group of student nurses in Christchurch who attempted to set up their own industrial union. The students did this since they felt that they were powerless by their membership in the Student Nurses Association, which had associate membership with the N.Z.R.N.A. The students felt that they were living within what they described as an "autocratic system".<sup>14</sup> After publicity and the persuasion of the N.Z.R.N.A., the student nurses decided to stay with the Association. They were described by the Dominion Secretary as "rebels." <sup>15</sup>

World War II was a reaffirmation for the Association that they should not ask for great rewards. After the war women's domestic role and the traditional values of womanly self-sacrifice strengthened. Deborah Montgomery in looking at women and work during war time in New Zealand explains that the war did very little for women in the area of

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<sup>12</sup> N.Z.N.J., vol 36, no.10, (1943), p.237

<sup>13</sup> *ibid.*, p.238

<sup>14</sup> Dominion Secretary N.Z.R.N.A. to Mrs M.I. Lambie, Director Division of Nursing, Department of Health, 9 September, 1943 (W.T.U., N.Z.N.A. box 18)

<sup>15</sup> Dominion Secretary N.Z.R.N.A. to Lady Superintendent, Christchurch Hospital, 19 August 1943 (W.T.U., N.Z.N.A. box 18)

paid work. She says that for the most part women's work remained very much attached to the domestic sphere. Contrary to the belief that women were liberated after the war, since they had carried out non-traditional occupations during the war, they were, in fact, very much forced back to the domestic sphere after the war. She goes on to say that it could have been that the war brought about a fear that women would abandon their traditional roles.<sup>16</sup> Ideas of national defence and population were seen as very important and if women were not the carers and child bearers they had traditionally been this would be a national crisis. These values underpinned the Association's version of the professional ethic of service, which in turn was the basis for their opposition to unionism. Hence this reaffirmation of women's domestic role and traditional values after World War II strengthened the Association's opposition to unionism. Nurses could not be seen to be unpatriotic, it was their job to be loyal to their country and first and foremost, as women and care givers, and put others before themselves.

#### AN ALTERNATIVE TO TRADE UNIONISM

The Association did adopt another measure to the improve wages and working conditions of its members, which did not threaten their status as "good women". In 1945 the Executive suggested that a Salaries Board be established to determine nurses' salaries instead of the Association dealing with the hospital boards on an individual basis. It was hoped that the Board would be "representative of all nurse employer and employee interests" and that it would provide a greater uniformity of

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<sup>16</sup> Deborah Montgomery, "The limitation of wartime change: Women workers in New Zealand," N.Z.J.H., vol. 23, no.1 (1989) p.81

nurses' salaries.<sup>17</sup> At the 1946 Conference of the Association, Arnold Nordmeyer, the Minister of Health, stated that it was his intention that a Salaries Board be established, representing the Health Department, Hospital Boards and the N.Z.R.N.A., which would determine a minimum scale binding on all Hospital Boards.<sup>18</sup> The Conference then resolved that such a board should be set up and if possible it "should be empowered to control both hours of duty and conditions for nurses as well as salaries."<sup>19</sup> This call for a Salaries Board was successful and the Board was established later that year.

The Hospital Boards' Employee (Conditions of Employment) Regulations were gazetted on May 15 1947 and these regulations provided for the establishment up of committees, under a general committee which would advise the Minister of Health on matters of conditions of employment of any class of employees whose conditions were not fixed by any award, industrial agreement or apprenticeship order. The Board would be responsible for rates of salaries, wages and other emoluments payable and any disputes arising from these wages and conditions.<sup>20</sup> The Nurse's Salary Advisory Committee was established and it included in its membership, four members of the N.Z.R.N.A. as well as hospital board members and officers of the Public Service from the Health Department. It is important to note that this committee could only advise the General Committee which in turn reported to the Minister of Health.

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<sup>17</sup> N.Z.N.J., vol 40, no. 6, (1947), p.173

<sup>18</sup> N.Z.N.J., vol.39, no.5, (1946), p.101

<sup>19</sup> *ibid.*, p.108

<sup>20</sup> N.Z.N.J., vol.40, no.6, (1947), p.173

The Association was formally recognised by the Minister of Health in 1947. She wrote "I recognise your Association as being constituted to promote or safeguard the interests of nurses employed by Hospital Boards".<sup>21</sup> In a editorial of Kai Tiaki discussing the new regulations the editor saw it as being "very gratifying that the Association has now received official recognition from the Government of its position as the bargaining body for the nurses..."<sup>22</sup> It appears that at this stage the Association believed that it would gain power in the industrial relations arena without having to register under the Industrial Conciliation and Arbitration Act and be tainted as an industrial union. The opportunity to work on the Committees with the government officials implied a recognition of the Association's status. It now had input into its members wages and conditions without having to be confrontational and risk its status as a professional association.

#### SALARIES

I will now look briefly at the achievements and the limitations placed upon the Association with regard to nurse's wages and conditions before and after the 1947 Regulations. It was poor wages and working conditions which contributed to the problem of nursing recruitment since this damaged the respectable image of nursing. It was not until 1938 that there was an attempt made by the N.Z.R.N.A., the Health Department and the Hospital Boards Association to introduce standard codes of hospital salaries for nurses. It is important to note, however, that the codes were not enforceable and it was only a mere

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<sup>21</sup> *ibid.*, p. 174

<sup>22</sup> *ibid.*, p.174

suggestion to get hospital boards to pay a minimum wage.<sup>23</sup> The situation was worsened in 1942 by the Economic Stabilisation Emergency Regulations which meant that the recommendations made in 1938 as being the minimum rates that Hospital Boards should pay, were now the maximum rates payable. The Association in 1943 called for better wages and showed its concern over the fact that there were still hospitals which did not comply with salary scales.<sup>24</sup> At the time there were still shortages of nurses. In 1944 the Association negotiated another salary scale with the Minister of Health. By this time there were only two Hospital Boards in the country which had not adopted the scale.<sup>25</sup>

The 1948 Hospital Employment Regulations did set out in detail the maximum and minimum rates that nurses could be paid. There were no radical changes to the economic well-being of most hospital nurses. For example there were no penal or strict overtime rates. Overtime was now to be paid, a step forward no doubt, but it was to be paid on a percentage basis since it was recognised that in some Hospital Boards there was a greater shortage of nurses than there were in others which in turn meant some nurses were expected to do more overtime than others. Instead of actually paying the hours worked over the 40 hour week there was a percentage payment. The regulations stipulated that the most a nurse could be paid overtime was 10% of her salary if she worked in excess of four hours overtime per week. There was, however,

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<sup>23</sup> Mr L Cameron, Executive Officer, Department of Health, "The History of Salaries", N.Z.N.J., vol.55, no.5, (1962), p.13

<sup>24</sup> N.Z.N.J., vol.36, no.3, (1943), p.57

<sup>25</sup> Shona Carey, p.30

a salary ceiling on overtime which meant that senior nurses were not eligible.<sup>26</sup>

The attitude of the Association towards overtime is illustrated in an editorial in N.Z.N.J. which objected to the demands of some nurses that they should be paid for the exact hours that they worked overtime. The Association said that this method of paying overtime would not be not consistent with professional behaviour. It claimed that most nurses would resent having to fill in a form for overtime as they would rather give more of their time where the need arose and this "they consider part of their privilege as members of the nursing profession."<sup>27</sup> It is significant that the overtime rates did not apply to the senior nurses. It appeared at this stage that the more senior nurses had a higher notion of the service ideal than junior nurses. Even so, the percentage based payments were not seen as inconsistent with professionalism; payment for actual hours worked would have been.

#### CONDITIONS OF EMPLOYMENT

Conditions of employment were also slow to improve for nurses. The greatest changes concerning conditions were included in the 1948 Regulations. Before this there had been a variety of views regarding conditions. In 1912, for example, the Association did not agree with the possibility of the grant of an eight hour day for nurses, as it believed this would mean a loss of control over the profession. By 1920 the eight hour day had become common but nurses were still often working seven days a week. After pressure from some students in the

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<sup>26</sup> Hospital Employment Regulations 1948, in N.Z.N.J., vol.41, no.3, (1948), p.119

<sup>27</sup> N.Z.N.J., vol.41, no.4, (1948), p.126

1920s the Government urged Hospital Boards to grant one day off per week, but this was not mandatory until the 1948 Hospital Regulations specified that "every nurse shall have one clear period of at least twenty-four hours off duty each week."<sup>28</sup>

Although other conditions such as meal and tea breaks were documented nurses were still not given a forty hour week. Most other workers at this time worked the five day, forty hour week. This was introduced by the Labour Government in 1936 to be incorporated in awards if the Arbitration Court was satisfied that industry could carry on efficiently. In 1945 it became law in factories.<sup>29</sup>

Another change that was made to nurses' conditions was in the area of uniforms. After the 1948 Regulations it was compulsory for public hospitals to provide uniforms. Hospitals had to supply a dress, cap, cape or cardigan and shoes and stockings.<sup>30</sup> This was a major step forward as in the past only certain Boards provided these, while others expected nurses to "provide their own."<sup>31</sup>

Carey states that nurses had been constantly calling for changes with regard to uniforms, leave, living out and location allowances.<sup>32</sup> Nurses did not, however, get all that they had asked for. For example the Association had recommended that hours of work should not exceed forty if possible and that registered nurses should have six weeks

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<sup>28</sup> Hospital Employment Regulations 1948 in N.Z.N.J. vol.41, no.3, (1948), p.119

<sup>29</sup> Bert Roth, pp.152-153

<sup>30</sup> Hospital Employment Regulations, N.Z.N.J., vol.41, no.3, (1948), p.119

<sup>31</sup> N.Z.N.J., vol.41. no.4, (1948), p.125

<sup>32</sup> Shona Carey, p.28



annual leave and students have four.<sup>33</sup> Instead of this student nurses gained only twenty three days annual leave and registered nurses gained twenty eight days.<sup>34</sup> It must be remembered that at this time most nurses were granted only one day per week off per week because of staff shortages. They were for the most part working more than forty hours per week and they were doing highly changeable shift work, so the leave that they were granted was, in fact, very little in comparison to other occupations. At this time all awards had to include provision for a fortnight's paid holiday per year.<sup>35</sup> The Association was disappointed with the holidays which were granted by the Regulations and was intent on seeing them changed.<sup>36</sup>

Although nurses had achieved some gains in their conditions of employment before the 1960s, there were still many shortcomings, for example the negligible amount of time off duty that was provided for. There were submissions to the new Nurse's Salary Advisory Committee in its first three years but after this there was little change until the 1960s. In 1950 the Association requested that the Committee meet annually. It seemed, throughout the 1950s, that there were delays in decisions and the Association was concerned about this.<sup>37</sup> Although the Association may have retained its professional status, it became evident in the 1960s that the system of a Salaries Advisory Committee was not working. It was not, however, until 1962 with the visit of the

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<sup>33</sup> N.Z.N.J., vol.41, no.4, (1948), p.126

<sup>34</sup> Section 33, Hospital Employment Regulations in N.Z.N.J., vol.41, no.3, (1948), p.120

<sup>35</sup> *ibid.*, p.153

<sup>36</sup> N.Z.N.J., vol.41, no.4, (1948), p.126

<sup>37</sup> Shona Carey, p.26

Director of the Social and Economic Division of the International Council of Nurses, Sheila Quinn, that the Association actually began to seek an improvement in their negotiating machinery. The salaries and conditions of employment that nurses received reflected their relative powerlessness in the field of industrial negotiations.

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The N.Z.R.N.A. did try to improve the co-ordination of matters regarding economic welfare within the Association. The need for more energy to be spent on issues surrounding the welfare of nurses was reflected in the setting up of an Economic Welfare Committee in 1955. This committee would consider resolutions regarding wages and conditions of employment from Conference and branches, which made submissions, and it would then make recommendations on these to the Dominion Executive.<sup>38</sup> The Committee would consist of three Hospital Board staff and one Health Department worker, and these members could call upon "experts" if they found it necessary.<sup>39</sup> In 1957 the Committee agreed with the Dominion Executive that the Association needed to employ an Economic Welfare Consultant to ensure that the Committee was kept well informed on matters regarding industrial relations.<sup>40</sup> This was later approved by Conference. This reflects the concern that the Association had regarding its relative ineffectiveness in trying to improve wages and conditions of employment for its members. The Economic Welfare Committee increased its

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<sup>38</sup> *ibid.*, p.36

<sup>39</sup> *N.Z.N.J.*, vol.48, no.3, (1955), p.96

<sup>40</sup> *N.Z.N.J.*, vol.51, no.3, (1958), p.92

prominence throughout the 1960s and became an essential Committee within the Association.

#### PRIVATE SECTOR NURSES

Although the Nurse's Association was working towards improving conditions and salaries and wages for all nurses, the nurses in the private sector were not enjoying the same benefits as their co-workers in the public sector were. The N.Z.R.N.A. could make recommendations for them but private hospitals did not have to enforce the recommendations. Therefore it would have been more beneficial for private nurses to register under the Industrial Conciliation and Arbitration Act. Irene Krause points out that it was actually very difficult for private nurses to try and organise themselves into a union. She says that this was because they were dispersed geographically and few of them would have identified with blue collar unionism.<sup>41</sup>

In the late 1940s the Association showed its concern regarding the plight of the nurses in the private sector by resolving to ask for reduced hours of work and improved pay and conditions. The Association could not be effective since private nurses had to form their own contracts with their employers. The Association had no bargaining rights with private hospitals.<sup>42</sup> It could only ask for improvements but as Shona Carey describes it, "conditions and salaries in private

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<sup>41</sup> Irene Krause, "A Perspective on Industrial Relations in Nursing in New Zealand," (M.A., University of Otago, 1978), p.72

<sup>42</sup> Byron Buick-Constable, "New Zealand Professional Associations: The New Zealand Registered Nurse's Association Inc" (B.A., Victoria University, 1967), p.24

hospitals improved only slowly".<sup>43</sup> A letter from the Health Department to a private hospital nurse in 1963 makes it quite clear that the Hospital Employment Regulations did not apply to private hospitals. Instead the conditions of employment for private sector nurses were based upon "arrangement between employer and employee."<sup>44</sup> Private Hospital employers only used the gazetted salary scales as a guide they did not have to adhere to them.<sup>45</sup>

Nevertheless when the Association was calling for more members in 1958, it stressed that it would be in the best interests of nurses in private hospitals to join the Association and recognise some of the benefits it gave such as;

superannuation, safe-guarded conditions of work and living to an approved standard, the revision of the salary scale by the Economic Welfare Committee so that there should be no feeling of isolation by working in a private hospital, but a feeling of security by being part of a nursing organisation.<sup>46</sup>

The Association may have intended to protect private nurses but in practise it did not do this well. In the 1960s private nurses began to realise that they needed a union as well as their membership within the Association.

#### THE P.S.A. AND NURSES

The psychiatric nurses, who were represented by the Public Service Association, did at least have more industrial power than the other two groups of nurses. The P.S.A. had emerged as of the most powerful

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<sup>43</sup> Shona Carey, p.38

<sup>44</sup> To private individual from L.S. Cameron for Director Division of Hospitals, 2 July 1963, (N.A. H1 30239)

<sup>45</sup> N.Z.N.J., vol.54, no.8, (1961), p.8

<sup>46</sup> N.Z.N.J. vol.51, no.5, (1958), p.178

unions in the country. It was formed in 1890 and was registered as a voluntary society in 1913.<sup>47</sup> In 1912 immediate recognition was given to the P.S.A. by psychiatric nurses as they were state employees. Nurses within the P.S.A. were prepared to show that they were far from happy with their conditions of employment. A committee of enquiry in 1946 investigated their conditions and decided that overtime should be paid for work in excess of forty hours per week from 1 October 1946. The P.S.A. asked that this be backdated to 1 April 1946. This demand was not met by the Health Department. As a result, psychiatric nurses refused to do any call backs and this lasted for nine days.<sup>48</sup> The nurses did not get their overtime backdated as they had wished, but they had the support of the P.S.A. for their action.<sup>49</sup> This raises two issues: firstly, the psychiatric nurses had gained payment for actual overtime done; and secondly, they could use industrial action and have the support of their association, a right which they would have been denied had they been members of the Nurse's Association.

Although the nurses under the P.S.A. were better off than those in the Nurse's Association they still felt that their working conditions and wages had to improve.<sup>50</sup> It is significant that most psychiatric nurses were men, which could account for their greater militancy. They were not confined by the ideology of a good professional nurse being a

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<sup>47</sup> Marie Burgess, "Nursing in New Zealand Society" (Auckland: Longman, 1984) p.146

<sup>48</sup> At the time there was a shortage of psychiatric nurses and so many were asked to do extra shifts. These shifts were not compulsory, but they were expected. They were called call backs.

<sup>49</sup> Bert Roth, Remedy for Past Evils: A History of the New Zealand Public Service Association (Wellington: Public Service Association, 1987) p.119

<sup>50</sup> Irene Krause, p.65

good, caring and nurturing woman. Men were usually in the labour force long term and so they would be more likely to strike for long term gain than women would be. The number of psychiatric nurses employed by the Mental Hygiene Division of the Health Department in 1958 was about 1500 and the P.S.A. estimated that 1400 were members of the Association.<sup>51</sup> The P.S.A. had a great deal of support at a time when the N.Z.R.N.A. was crying out for new members since it only had about 30 percent of registered nurses in its membership.

The relationship between the P.S.A. and the N.Z.R.N.A. was not ideal. This related to the attitude of the N.Z.R.N.A. that it was a professional body while the P.S.A. was more concerned with industrial unionism rather than professional issues. This point was well illustrated by the conflict between the P.S.A. and the N.Z.R.N.A. over the lack of a P.S.A. representative on the Nurses and Midwives Board. The N.Z.R.N.A. made a clear distinction itself and the P.S.A. It said that "the Public Service Association is principally concerned with conditions of employment for members of the Public Service (including nurse members) and to the best of our knowledge has no specific concern with standards of education for professional groups within its membership."<sup>52</sup> It was this type of attitude by the Nurse's Association that seemed to hinder any unified efforts by the two associations to improve the conditions and pay of nurses.

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<sup>51</sup> General Secretary of the P.S.A., Mr Turnball to Dominion Secretary of N.Z.R.N.A. Mrs M Pickard, 13 October 1958. In his estimation Turnball said those who were not members were usually recent appointees. (W.T.U., N.Z.N.A. box 2)

<sup>52</sup> Dominion Secretary N.Z.R.N.A., M Pickard to General Secretary P.S.A. Mr Turnball 28 October 1958 (W.T.U., N.Z.N.A. box 2)

The 1960s were set to be a decade of change for all nurses in the area of industrial relations. There was dissatisfaction from all three groups of nurses: those in the public hospitals had an ineffective system of wage negotiation, those in private hospitals had very little protection; and those under the control of the Department of Health were dissatisfied, especially since it appeared that they were soon to be under Hospital Board control. How this change was carried out is of great interest and significance. Would nurses cling to the "professional" approach or would they prefer to adopt "trade union" type tactics?

## CHAPTER SIX

### INDUSTRIAL RELATIONS IN THE 1960S

During the 1960s industrial relations came to be of major concern to the N.Z.R.N.A. The Association would become a more sophisticated and a more effective bargaining force for public hospital nurses. To improve the conditions and pay of nurses in public hospitals it was necessary for the N.Z.R.N.A. to examine and change its entire industrial relations system. Although the decade may have shown some positive signs for the N.Z.R.N.A., nurses represented by the P.S.A. became increasingly concerned that they might lose the pay lead that they held over public hospital nurses. Nurses in private hospitals were still in the relatively powerless position they were in at the beginning of the decade, although there did appear to be hope that their position would change.

The struggle of the N.Z.R.N.A. to improve the lot of public hospital nurses can be seen in two major phases. The first phase was before 1965 when it was found that equal pay was not to bring the financial rewards that the N.Z.R.N.A. expected. This resulted in comprehensive submissions to the Salaries Advisory Committee. At this time also it was decided that the negotiating machinery of the Association was far from adequate and pressure was placed upon the Government for this to change. Conditions and wages did improve slightly but not enough. After the pressure the Association had placed on the Government, leading up to the 1965 Hospital Employment Regulations, it was to find that it still did not have what it had asked for.



The second phase was after 1965 when the Association was involved in a long and frustrating battle, along with other hospital employee associations, against the Health Department. The N.Z.R.N.A. wanted a revised form of machinery to be used in the fixing of pay and conditions for public hospital nurses. The new machinery would involve the processes of negotiation, conciliation and arbitration and the Association would be the legal negotiators for public hospital nurses. The struggle is of great significance since it shows how the Association could demand changes without compromising its position as a professional association and emerge as a leader of hospital employee associations. I will discuss pay and conditions separately from demands for a more effective wage fixing machinery within the two periods.

#### FROM EQUAL PAY TO THE 1965 HOSPITAL EMPLOYMENT REGULATIONS.

##### EQUAL PAY

The first major struggle the N.Z.R.N.A. had with the Health Department, regarding pay and conditions of work, was over the issue of equal pay. It was the P.S.A. who had actually fought long and hard for the introduction of equal pay in the government service. The P.S.A. was committed to improving the wages of women workers. In December 1956 the P.S.A. initiated a meeting after it and the National Council of Women saw a need for equal pay in New Zealand. At the meeting were trade unionists, women's clubs and professional associations.<sup>1</sup> In 1957 the Council for Equal Pay and Opportunity was formed with its chair person being a retired nurse. The N.Z.R.N.A.

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<sup>1</sup> N.Z.N.J., vol.50, no.4, (1957), p.153

withdrew from representation on the Council.<sup>2</sup> It did this as it was concerned that involvement with the Council would mean that it would become involved in political activity.<sup>3</sup> In other words it did not wish to be seen to be associated with trade unions. The N.Z.N.J. made few references to equal pay during the late 1950s. It published one article on the economic implications of equal pay but did not point out any possible implications for nurses.<sup>4</sup>

After much lobbying by the P.S.A., the Government Service Equal Pay Act was passed in 1960. The Act applied to all women government employees and differentiation in wages based on sex was to be eliminated by 1 April 1963. In jobs, which were exclusively or predominately female, regard was to be had to sections of employment where equal pay had or was being implemented.<sup>5</sup> This then meant that the scene was set for public hospital nurses to receive the same remuneration as mental hospital workers, who were predominantly men. After hospital nurses learnt they actually qualified for equal pay, since hospital board funds were paid from central government funds, the N.Z.R.N.A. was able to have its case heard by the Equal Pay Implementation Committee.<sup>6</sup> The terms of reference of the Equal Pay

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<sup>2</sup> N.Z.N.J., vol.51. no.3, (1958), p.94

<sup>3</sup> "N.Z.N.A.: Structure and function 1909-1983", Objects and Outcomes: New Zealand Nurses' Association 1909-1983, ed. M. Gibson Smith and Y.T. Shadbolt, (Wellington: N.Z.N.A., 1984), p.11

<sup>4</sup> "Economic implications of equal pay for equal work" a summary from an address by Professor H. Belshaw, Professor of Economics, Victoria university, N.Z.N.J., vol.50, no.6., (1957), p.233-235

<sup>5</sup> Bert Roth, Remedy for Past Evils: A History of the New Zealand Public Servants Association From 1890 (Wellington: Reed Education, 1983), p.155

<sup>6</sup> "Equal Pay- some points explained.", N.Z.N.J., vol 56, no.2, (1963), p.5

Implementation Committee which actually applied to nurses related only to "the elimination from salary scales of sex differentiation and the valuation of work which is peculiarly done by women..." It did not apply to the adjustment of any defects that may have been present in the existing scales.<sup>7</sup> The defects that were in the existing scales could have very well been the result of sex discrimination against nurses as women workers but the Equal Pay Implementation Committee choose to ignore this.

The Committee set a rate of £792 per annum, including a living out allowance, as a maximum rate payable to a general duties nurse when equal pay had been fully implemented.<sup>8</sup> This figure would rise if pay rates of nurses were increased during this time for other reasons. When the Committee decided on this figure they considered the recommendations of the N.Z.R.N.A. which submitted that the figure be £800 per annum including the living out allowance. The Committee considered other factors such as the difference in pay generally found between the sexes, the rates of pay received, opportunities for promotion, the length of the salary scales, and the pay of female primary school teachers and psychiatric nurses. The pay of radiographers and bacteriologists was also considered since it did not include sex differentiation. It is interesting to note, though, that the Committee did not apply rates of pay for male nurses to female nurses and the reason given for this was that male nurses received their higher salary because historically their rate of pay originated

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<sup>7</sup> Special Committee of the Salaries Advisory Committee (F. Cameron, W. Train, G. Gage, A. Galletly), "Report to the Salaries Advisory Committee: The application of Equal Pay to the Hospital Employment Regulations 1957," 16 January 1961, p.1 (N.A. H1 27562)

<sup>8</sup> N.Z.N.J., vol.56, no. 2, (1963), p.5

from another award.<sup>9</sup> It was apparent that the Committee did not wish to make any radical changes and was only prepared to give nurses the bare minimum that it was commissioned to recommend.

After the Equal Pay Implementation Committee had made its report it was left to the Salaries Advisory Committee to implement the recommendations. This meant that the Association was in for a long wait. In 1961 Miss W.S. Train, the Dominion President, described the major shortcoming of the Committee;

The work of the Committee seems to move very slowly. The Association finds that it knows nothing of the results of their submissions until the new salary scale is gazetted; always two years after submissions are presented.<sup>10</sup>

At the time there was nothing that the Association could do but wait. A sub-committee was formed to address the issue. The attitude of the Health Department was illustrated in Mr G. Galletly's notes on equal pay for the sub-committee. He pointed out that if general duty nurses were given the rate of £792 or £823 with the recent pay increase they would receive the same rate of pay as a male tradesman. He was concerned that nurses who received such allowances as locality allowances could receive more than the tradesmen and said for this there could be "no justification".<sup>11</sup> The N.Z.R.N.A.'s claims to be a profession had absolutely no impact on Galletly, since he rated nurses below a male trade. However, the other members of the Sub-committee considered that these allowances should not be taken into account when equal pay was discussed since they did not emanate from sex

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<sup>9</sup> N.Z.N.J., vol.56, no. 2, (1963), p.5

<sup>10</sup> N.Z.N.J., vol.54, no.8, (1961), p.12

<sup>11</sup> G. Galletly for Director Division of Hospitals, "Notes on equal pay for the sub-committee of the Nurse's Salary Advisory Group, 5 January 1960, p.1, enclosed in a letter to F. Cameron (N.A. H1 27562)

discrimination.<sup>12</sup> The Sub-Committee made the same recommendations as the Implementation Committee and acknowledged that there were anomalies in the existing pay scales for nurses, but it did not seek to remedy them. They thought that this would be done with submissions which the Association would present to them in the future.<sup>13</sup>

Progress with equal pay appeared to be slow and the Association could not report to its members for this reason. A lack of information meant that many were ignorant of the implications of equal pay and so it did not appear to be a topical issue for most nurses in the work place. An article in N.Z.N.J. explained what was actually happening with regard to pay increases and that it could not give any comment until the equal pay rates had been gazetted.<sup>14</sup> The next month the Journal was able to tell members that they would not be receiving the same rate as male nurses. They could only expect some increase to bring them into line "with women in other professions".<sup>15</sup>

There seemed that there was nothing more that the Association could do but wait. It was not until the end of 1962 that the new equal pay scales were known. They were to be retrospective to 1/4/1961 and were to be in three stages. Since 1/4/1961 there had been two other wage adjustments to nurse's salaries, making a total of five adjustments between 1/4/1961 and 1/4/1963. This of course was very confusing for nurses, and hospital boards which were slow to action the increases.

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<sup>12</sup> "Report to the Salaries Advisory Committee on equal pay," p.7

<sup>13</sup> *ibid.*, p.8

<sup>14</sup> N.Z.N.J., vol.54, no.7, (1961), p.8

<sup>15</sup> N.Z.N.J., vol.54, no.8, (1961) p.11

The Association had assumed that the equal pay rates would be gazetted in 1961 with the first salary increase.

The equal pay saga brought up many issues for the Association. It realised that there were serious anomalies in pay scales, one of the most obvious being that the margins for responsibility and experience had decreased considerably. Other problems included such things as the increased tax payable on retrospective salary adjustments.<sup>16</sup> It became obvious that nurses had still not won equal pay, and that they were still not paid what they thought that they were worth. The increased salary scales were causing a lot of confusion. The Association came to realise that there would have to be changes in the actual negotiation machinery if nurses were to be paid anything near their worth. This would be combined with more extensive education of its members regarding economic welfare so that the Association could apply more pressure to Government.

#### THE 1963 SUBMISSIONS

The influence of the International Council of Nurses cannot be underestimated when one considers the change of tactics employed by the N.Z.R.N.A.. International approval of the compatibility of professionalisation and active involvement in industrial relations meant that the N.Z.R.N.A. felt it could be more forceful in its approach to industrial relations. In 1962 the Director of the Economic Welfare Division of the International Council of Nurses, Sheila Quinn, visited New Zealand. After observation and study of the salaries advisory system which New Zealand nurses used, she made a report to the Dominion Executive of the N.Z.R.N.A. In her report she stated that the

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<sup>16</sup> N.Z.N.J., vol.56, no. 2, (1963), p. 6

system of negotiation which the Association had was far from adequate, and that "while this situation exists, it seems obvious that discussion on salaries will be slow and unsatisfactory. There could be no appeal against a decision, and the only recourse was to present new submissions."<sup>17</sup> She went on to say that the Association needed strong links with the Salaries Advisory Committee and had to be more informed on trends in industrial relations. She suggested that a seminar be held to help those involved in economic welfare work.<sup>18</sup>

The N.Z.R.N.A. did not act upon Sheila Quinn's recommendations immediately but did recognise the merit in what she said. It is significant that the Association had the constant support of the I.C.N. and this, to a large extent, validated what it was doing in the early 1960s. The Association informed its members by publishing articles by the I.C.N. which indicated that it was acting in accordance with international practice. One article urged national associations to take a more active role in negotiations whilst still "maintaining the integrity and autonomy of the nursing profession".<sup>19</sup> Another, gave the International Labour Convention's ideas on the importance of adequate negotiation for public servants. It stated that the I.C.N. supported this and believed that when an association became worthy of negotiation it would solve "an indispensable part of their professional responsibilities."<sup>20</sup> There was a link, then, between being active on the industrial front and fulfilling professional duties.

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<sup>17</sup> Sheila Quinn, "Report to the Dominion Executive of the New Zealand Registered Nurses' Association", p.1 (W.T.U., N.Z.N.A. box 4)

<sup>18</sup> *ibid.*, p.2

<sup>19</sup> *N.Z.N.J.*, vol.56, no.9, (1963), p.5

<sup>20</sup> *N.Z.N.J.*, vol.57, no.8, (1964), p.12

Bearing the international support it had in mind, the Association began its submissions against the 1963 Hospital Regulations. As early as 1961 the annual conference of the Association called for the introduction of penal rates for nurses.<sup>21</sup> The Economic Welfare Committee then put this request into action. In March 1963 a meeting was called to consider the preparation of further submissions of the Salaries Advisory Committee. Much of what Sheila Quinn had said was considered at the meeting but it was decided to discuss the problem of negotiating machinery at a later date. The Committee did, however, stress that the salaries of senior nursing staff were not adequate and that they should be compared to those of senior administrators in other occupations.<sup>22</sup>

At its June meeting in 1963 it was decided by the Economic Welfare Committee that the terminology used for nursing staff was no longer appropriate. Titles which were once "the prerogative of nurses" had since been used by other institutions, "including penal institutions". The Committee recommended that matrons be referred to as directors and that general duty nurses were to be renamed staff nurses.<sup>23</sup> This reflects a greater awareness by the Association of the importance of using titles which would show society that nurses were professionals who deserved salaries appropriate to their status.

One of the greatest challenges which the Association made, was to assert that a nurse's working week should not exceed forty hours per week without the nurse receiving overtime payment for the extra hours

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<sup>21</sup> N.Z.N.J., vol.57, no.6, (1964), p.21

<sup>22</sup> Minutes of the Economic Welfare Committee, 7-8 March 1963 (W.T.U., N.Z.N.A. box 4).

<sup>23</sup> Minutes of the Economic Welfare Committee, 12 June 1963.



actually worked.<sup>24</sup> They also said that those who worked statutory holidays should be compensated by payment at double time and an equivalent to a days leave be granted which would not affect the amount of annual leave already in place. Split duties should be completed within a twelve hour period.

The chairperson of the Economic Welfare Committee, who was also the Dominion President of the Association, Winifred Train, had carried out extensive work on the submissions, but it was decided that an economic welfare consultant was required for the completion of the submissions. Hugh Symons, who was retired from the P.S.A., gave his assistance. It was agreed that whilst Hugh Symons prepared the submissions, committee members would provide any supportive material required.<sup>25</sup> The use of a consultant illustrates that the Association realised that a certain degree of expertise was required if it was to succeed in getting what it wanted with its latest round of submissions.

The submissions were lodged in July 1963 but they were not actually considered by the Salaries Advisory Committee until November of that year. The submissions were comprehensive and contained strong and decisive statements that nurses were not being paid their worth and that this was unacceptable to the Association. The 1963 pay scales were criticised for failing "ignominiously" in providing adequate recompense for increased responsibility.<sup>26</sup> Amongst the requests for penal rates, the changing of titles and increased salaries for nurses

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<sup>24</sup> *ibid.* Overtime payments were to be time and one half for the first 4 hours and double thereafter. (W.T.U., N.Z.N.A. box 4)

<sup>25</sup> Minutes of the Economic Welfare Committee, 26 June 1963 (W.T.U., N.Z.N.A. box 4)

<sup>26</sup> "Submissions on Behalf of the New Zealand Registered Nurses' Association" presented to the Salaries Advisory Committee (Nurses), 25 November 1963, p.1 (N.A. H1 30239)

the submissions pointed out the injustice of a staff nurse (male or female) in a psychiatric hospital receiving a far greater salary, which was still not as high as that of a male staff nurse in the hospital service.<sup>27</sup> The submissions stated that the present system of overtime payment was "unfair and unworthy of a good employee", that "conditions of work and economic conditions must also keep pace with other avenues of employment".<sup>28</sup> It was considered unfair that the Government had given penal rates to its other nurse employees in psychiatric hospitals.<sup>29</sup> The submissions had certainly presented a very strong challenge to the Government and had illustrated the Association's new found force with regard to conditions of employment for nurses.

The submissions caused some problems for the Salaries Advisory Committee which considered them. The Association had still not heard of the outcome of the submissions by April 1964 and so it sent a deputation to the Minister of Health requesting a decision.<sup>30</sup> In May the Minister of Health announced that a committee appointed by cabinet would consider the nurse's submissions since, as he said, they involved some complex issues.<sup>31</sup> The members of the committee, later referred to as the Lythgoe Committee, were government officials and hospital board representatives. There were no members of the N.Z.R.N.A. on the Committee. The N.Z.R.N.A. was gravely concerned about this decision and issued a press release explaining its viewpoint and emphasising its

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<sup>27</sup> *ibid.*, p.9

<sup>28</sup> *ibid.*, p.12

<sup>29</sup> *ibid.*

<sup>30</sup> Report of the Economic Welfare Committee to 1965 Annual Conference of N.Z.R.N.A. in N.Z.N.J., vol.58, no. 5, (1965), p.13

<sup>31</sup> Ministry of Health press release 28 May 1964, in N.Z.N.J., vol.57, no.6 (1964) p.23

long wait for the outcome of the submissions. The Association stated that it had the support of both the I.L.O. and the I.C.N. and that it was not "deviating from the high ideals of service to the community and maintenance of professional standards".<sup>32</sup>

The position of the Government regarding N.Z.R.N.A. involvement in decisions in respect to nurses' salaries and conditions of work became evident when an application by the N.Z.R.N.A. to have a representative on the Lythgoe Committee was refused. The submissions had caused a major upset since they were not only considered by the nurses' Salary Advisory and General Advisory Committees, but they had also obviously been considered by Cabinet without the Association's knowledge. Although members of the Economic Welfare Committee met with the Lythgoe Committee on two occasions its function was only to explain points for the Committee.<sup>33</sup> The report was finally released in November 1964, almost eighteen months after the Association made its first submissions.

The Lythgoe Committee granted nurses the penal rates they had asked for, while stating that it shared to some extent the traditional view that nursing was "something more than a job, it was a continuing discipline...conforming to the needs of the patients rather than to the hours of the clock."<sup>34</sup> It pointed out that there was injustice in nurses not receiving penal rates and actual overtime rates when the rest of society was granted them. It was initially suggested by the

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<sup>32</sup> N.Z.N.J., vol.57, no.6, (1964), p.24

<sup>33</sup> N.Z.N.J., vol. 58, no.5, (1965), p.15

<sup>34</sup> Report to the Minister of Health Pay and Conditions of Employment- Nurses, Male Nurses, Dietitians, Physiotherapists and Occupational Therapists Employed in Public Hospitals, Lythgoe Committee, 15 October 1964, p.1 (W.T.U., N.Z.N.A. box 10)

Committee that overtime percentage rates be increased, but then they finally granted rates for actual overtime worked which the Association had requested.<sup>35</sup> It is significant that the Committee still clung to the old idea of the vocational aspect of nursing even though its members realised the injustice caused to nurses because of this.

Male nurses had requested a £200 per annum increase in salary but the "Committee had no hesitation in rejecting completely the claim in respect of salary increases." The Committee then went on to say that it was concerned about the divergence of rates between male and female nurses. It recommended that the conditions of employment and salaries be the same for male and female nurses joining the service from 1 April 1965.<sup>36</sup> This meant that at last there could be equal pay between male and female nurses. Whether the Committee recommended this because it thought both men and women should be paid the same, or because it was a cost cutting measure which stopped an increase to male nurses' pay could be open to debate.

Initially the Association was reasonably happy with the recommendations and subsequent regulations because penal rates, overtime and salary increases had been granted.<sup>37</sup> In an article in the N.Z.N.J. the Dominion Secretary of the Association, Margaret Pickard, warned nurses not to jump to hasty conclusions regarding their new rates and insisted that they wait until they understood them. She said the Association was pleased with the outcome but that its success was only a "basis for future activities".<sup>38</sup>

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<sup>35</sup> *ibid.*

<sup>36</sup> *ibid.*, p.8

<sup>37</sup> N.Z.N.J., vol.57, no.12, (1964), p.18

<sup>38</sup> *ibid.*, p.18

DEMANDS FOR A NEW SYSTEM OF FIXING PAY AND CONDITIONS

While waiting for the Salary Advisory Committee's decision, the N.Z.R.N.A. made plans for the reformation of its negotiating machinery. It was Sheila Quinn's visit which prompted the Association into action and allowed them to feel that by asking for changes they were still professionals. This was because Quinn stressed that professional associations must actively protect the economic welfare of their members. The first major step taken was the seminar on Economic Welfare which was held in July 1963. The objective of the seminar was to provide nurses, involved in the economic welfare area, with background knowledge of the effects of the economic trends on salary and wage structures.<sup>39</sup> This was to be incorporated with a discussion on the structure and the functions of the New Zealand industrial relations system.

The seminar took place as planned, despite the massive work load the Economic Welfare Committee had in relation to the 1963 submissions. The speakers were "experts" in the field of industrial relations, one being the research officer for the Federation of Labour, another the Assistant Secretary and Advocate to the Wellington Employer's Association and the other being the Secretary to the N.Z. Workers' Union. The fact that there was trade union input indicates that the Association was now willing to listen and learn from trade unions. The seminar produced a great deal of information regarding the New Zealand industrial relations system and provided the Association with the knowledge of the alternatives to the system within which it operated.

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<sup>39</sup> N.Z.N.J., vol.56, no.3, (1963), p.23

The conclusion reached at the seminar was that the industrial relations system in which public hospital nurses operated was inadequate. This was something that the Association had already learnt by experience. It was decided that if the Health Department took too long to reply to the 1963 submissions, the Association would tell the Minister that the system was inadequate and that it wanted him to set up a consultative committee to examine wage fixing machinery for nurses. The Association would then show the Minister a plan of the system it envisaged, which was a "Service Tribunal modelled on the pattern of the Government Service Tribunal".<sup>40</sup> If the Minister did not comply with these demands it would be necessary to advise both the Government and the public of the situation by "reasonable means".<sup>41</sup> The Economic Welfare Committee also resolved to be more consultative with its members over this issue to ensure full support. Hugh Symons ended the seminar with the comment that the members of the Government "are going to have to be made to appreciate that the nursing staff of this country is its responsibility."<sup>42</sup> The Committee was quite clear on what it wanted and the means by which it would attempt to achieve its objective of an industrial relations system through which it could have some real impact.

The Economic Welfare Committee told the Dominion Executive what it thought wrong with the present system. This included the lack of adequate means of conciliation, the lack of power of the Nurses' Advisory Committee, the lack of access to the General Committee, the

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<sup>40</sup> Circular to the Dominion Executive and the Headquarters Committee from the Economic Welfare Committee, 1 July 1963, p.1 (W.T.U., N.Z.N.A. box 4)

<sup>41</sup> *ibid.*

<sup>42</sup> *ibid.*, p.34

lack of appeal by the Association, the limited access to certain information and the lack of a procedural basis for submissions.<sup>43</sup> The Committee also blamed recruitment and retention problems on these inadequacies. The Dominion Executive decided to give these matters no publicity until the outcome of the 1963 submissions was known.<sup>44</sup> The Association obviously realised that if it brought attention to this matter it may have been putting the submissions regarding penal rates in jeopardy.

Since the submissions were taking so long to be answered the Association became very frustrated. This can be seen in a press statement which the Association released immediately after the Minister's announcement to set up the Lythgoe Committee. The Association let it be known to the public that its wage fixing machinery was "too cumbersome" and that they had asked the Minister to review it since it did not provide for "conciliation and negotiation."<sup>45</sup>

The terms of reference of the Lythgoe Committee included the authority to examine the machinery for fixing salaries and conditions. The Association, however, requested that the submissions regarding salaries be cleared first.<sup>46</sup> This is understandable since even though the Association was anxious for a change in the actual negotiation machinery, it had been waiting almost a year for its submissions to be dealt with.

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<sup>43</sup> Statement from the Economic Welfare Seminar participants to the Dominion Executive, N.Z.N.J., vol.57, no.6, (1964), p.21

<sup>44</sup> *ibid.*

<sup>45</sup> Christchurch Press, 29/5/1964, p.2

<sup>46</sup> "Economic Welfare (condition fixing machinery)," N.Z.R.N.A. circular to branches, November 1965, p.2 (W.T.U., N.Z.N.A. box 4)

The Association continued its action for a new tribunal while it was waiting for the outcome of the Lythgoe Committee. It organised a meeting with other representatives of hospital employees in June 1964. The Association was the major force at the meeting, with the chairperson and secretary of its own Economic Welfare Committee being elected as chairperson and secretary of the meeting. The groups which participated were the Male Nurses Society, the Physiotherapists Association, the Dietetics Association and the Occupational Therapists Association. Hugh Symons presented a paper on the machinery which was proposed at the N.Z.R.N.A. Economic Welfare Seminar in 1963.<sup>47</sup> It was agreed that the associations should form a loose federation for the purpose of achieving a better bargaining position.<sup>48</sup> They decided to report back to their individual associations, and then request that the Lythgoe Committee consider wage fixing machinery after the 1963 submissions. They would meet again to decide on the type of machinery they wanted.<sup>49</sup> It appeared that the N.Z.R.N.A. had established itself as the leading hospital employee association in the fight for a hospital services tribunal. The Association's own Economic Welfare Committee reaffirmed its position in July to support the informal agreements which had been made with other hospital employee associations at the June meeting.<sup>50</sup>

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<sup>47</sup> Additional notes to paper presented to meeting of representatives of organisations 18 June 1964. 2 July 1964 (W.T.U., N.Z.N.A. box 4)

<sup>48</sup> Minutes of the Special Meeting of Representatives of Five (5) Organisations of Hospital Employees, 18 June 1964, p.2 (W.T.U., N.Z.N.A., box 4)

<sup>49</sup> *ibid.*

<sup>50</sup> Minutes of the Economic Welfare Committee, 2-3 July 1964, p.3 (W.T.U., N.Z.N.A. box 4)



The feelings of frustration in the Association were well voiced at this time. For example, the M.P. for Dunedin asked the Minister of Health what was to be done regarding nurses, as he was "aware of a feeling of grave disquiet" amongst N.Z.R.N.A. members. The Minister replied that the Association had been advised that a review of wage fixing machinery "could be made and I understand is at present considering this question."<sup>51</sup> This comment showed that the Minister did not wish to disclose the Health Department's view on the matter. The Association responded promptly and explained its position and that of other hospital employee organisations again. It also told the Minister that the hospital employee groups would meet again and then go to the Hospital Boards Association both as a matter of courtesy and because the Minister had advised it.<sup>52</sup>

The Association then informed the Minister in September that the hospital employee groups had decided to set up a committee, the Committee of the Combined Hospital Employee Organisations (C.C.H.E.O.), and had forwarded information to other groups under the jurisdiction of the Salaries Advisory Committees. C.C.H.E.O. met with the Hospital Boards Association in October 1964 to discuss its proposal that a tribunal similar to the Government Service Tribunal, would be the most effective form of wage fixing machinery. The Hospital Boards Association reserved its views on the matter. C.C.H.E.O. then had to go back to the Minister of Health who said that he could not consider the proposal until there was unanimous agreement between the other employee groups who had not joined the Committee and the Hospital

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<sup>51</sup> N.Z.P.D. vol 339, (Aug 4-Sept 15 1964), p.1168

<sup>52</sup> N.Z.R.N.A. to Minister of Health, Mr McKay, 17 August 1964 (N.A. H1 30239)

Boards Association.<sup>53</sup> The N.Z.R.N.A. had begun action on the possibility of a tribunal but had once again found it was pursuing an uphill battle. It would prove very difficult to gain the support of the Hospital Boards Association which was diverse in its membership and historically disliked state control. It appeared that the Hospital Boards Association and the Health Department were using stalling tactics in the hope that C.C.H.E.O. would eventually abandon the proposal.

Although the 1965 Regulations were to come into force in April the N.Z.R.N.A. and C.C.H.E.O. continued to work on their tribunal idea. It must be appreciated that the workload of the Economic Welfare Committee in early 1965 must have been massive since it was considering both the anomalies of the new Regulations and the possibility of a tribunal.

#### AFTER THE 1965 HOSPITAL EMPLOYMENT REGULATIONS

##### PAY AND CONDITIONS

The Economic Welfare Committee and the Dominion Executive of the N.Z.R.N.A. knew that they had to be careful if they wanted the Government to set up a new tribunal and remove anomalies in the new regulations. The Association wanted to control industrial relations issues and did not want nurses making their own comments, which could have meant a loss of status for nursing in general. Members of the Association, however, did not share their leaders' views and, instead, openly criticised the new regulations. In her reflections on the decade, published in the Journal in 1969, Margaret Pickard criticised

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<sup>53</sup> Byron Buick-Constable, "New Zealand Professional Associations. A Case Study: The New Zealand Registered Nurses' Association Inc." (B.A. Hons., Victoria University, 1967), p.30

nurses who made what she saw as "ill-informed comment publicly and privately" regarding the Regulations. They did not seem to "appreciate the harm they do themselves and their colleagues."<sup>54</sup> It appears that the officials in the Association knew that they would have to be cautious if they were to achieve change in negotiating machinery. Miss Hollis expressed this view in her Presidential Address to the N.Z.R.N.A. Conference in May 1965. She stressed that while the Regulations may not have been what every member wanted, "we will do well to accept any conditions of employment which are going to benefit the greatest majority in the future."<sup>55</sup> It was the leaders of the Association who knew just how difficult it had been to achieve what it had.

Nurses did react with a certain degree of suspicion regarding the new rates as, amongst other things, their board had increased by one pound per week. In an article in the New Zealand Herald, student nurses in Auckland described the salary increase as "farcical" since they had to pay increased board.<sup>56</sup> In an article in The Thames Star the view was put forward that nurses were under paid and salaries should have been increased by more instead of the introduction of penal rates. It stated that it lowered the dignity of the profession by "the necessity of increased form filling and keeping data" which was necessary for payment for penal rates. It said that this type of behaviour could be associated with "most forms of industrialised employment."<sup>57</sup> Included in the article was criticism of the increased

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<sup>54</sup> N.Z.N.J., vol.62, no.9, (1969), p.19

<sup>55</sup> N.Z.N.J., vol.58, no.5, (1965), p.5

<sup>56</sup> New Zealand Herald, 12 December 1964 (N.A. H1 30239)

<sup>57</sup> The Thames Star 22 April 1965 (N.A. H1 32889)

board charges. It was this type of media attention that the Association did not wish to attract. It wanted the Government and the Health Department to see that it was well supported by its members. This would have helped it to have more influence regarding its demands for new wage fixing machinery. The Association believed that the dignity of the profession was also lowered when its members became vocal about industrial relations matters.

In the N.Z.N.J. a letter to the editor was written complaining about the new Regulations and this letter also brought up the issue of professional behaviour and penal rates. The writer believed that the Association had begun to "lower its standards to the level of a workers' union" by asking for penal rates.<sup>58</sup> The writer then went on to complain about the new board increases and said that the Association did not inform its members adequately about the submissions to the Lythgoe Committee.<sup>59</sup> Margaret Pickard replied to this, stating that all branches did in fact receive copies of the 1963 submissions.

Those involved in nursing education were disappointed with the new Regulations. The Nurses and Midwives Board expressed its concern to the Health Department stating that the new Regulations undervalued the tutor sister since she would now receive less than other sisters because of the introduction of penal rates. It also regretted that there were no provisions for pay increases for those who had obtained post graduate qualifications.<sup>60</sup> The Director of the Division of Nursing in the Health Department expressed similar sentiments. She

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<sup>58</sup> N.Z.N.J., vol.58, no.6, (1965), p.19

<sup>59</sup> *ibid.*

<sup>60</sup> Nurses and Midwives Board to W. Horgan, Secretary to the Director General of Health, 2 April 1965 (N.A. H1 32889)

pointed out to the Director General of Health that because nursing tutors were financially undervalued it would prove difficult to recruit nurses for this task. She stated the importance to the nursing profession of using tutors who were nurses by saying that "the education of a profession can only be effective when the majority of its educators come from within the profession".<sup>61</sup> The Hospital Boards Association backed the claim regarding the shortage of potential nursing tutors. It recommended to the Health Department that there be a review of salary scales for sister tutors.<sup>62</sup>

All in all, there appeared to be confusion and a concern on the part of many nurses that the Association was leaning towards industrial unionism. The Regulations were sometimes unclear and there were anomalies. As a result of the complaints and confusion on the part of many nurses it became obvious to the Association's leaders that they should engage in consultation with the actual workers before any new submissions were made.

In February 1965 because the Government was to be examining new negotiating machinery the Association was even unsure of to whom it should present new submissions.<sup>63</sup> Meanwhile the Association embarked upon a process of gaining feedback from matrons on staff reactions to the Regulations. Even though this was a form of consultation, it did mean that it placed junior nurses in the position of having to complain about issues concerning employment to their bosses, which would

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<sup>61</sup> "Report of the Effect of New Salary Scales on Nursing Education," memo to Director General of Health from Director Division of Nursing, 29 October 1965 (N.A. H1 32889)

<sup>62</sup> Hospital Boards' Association to Nurses' Salary Advisory Committee, 16 December 1965 (N.A. H1 32889)

<sup>63</sup> Minutes of the Economic Welfare Committee, 23-24 February 1965 (W.T.U., N.Z.N.A. box 4)

sometimes have been awkward for young nurses. The results of the surveys showed that some senior staff who did not work penal rate times were receiving less than their juniors, there were problems with six day weeks and there was concern that some nurses were being charged for meals that they were not eating.<sup>64</sup> It was decided that new submissions would be presented to the Minister of Health.

The Association set about preparing the submissions, first by writing to the Minister of Health in September 1965 explaining the results of the surveys which it had received from the matrons. The Minister replied in December that these claims involved some "fundamental change in the present scales and conditions of employment" and stated that "their final consideration will need to await the introduction of the revised salary negotiating machinery now under discussion."<sup>65</sup> The N.Z.R.N.A. was greatly perturbed by this reply since it knew, from past experience, that it would be waiting a long time for the new machinery. It disagreed with the Minister's comment that its requests would involve "fundamental changes" since what they had asked had been the result of submissions originally prepared in 1962.<sup>66</sup>

The Association voiced its concern in a deputation to the Minister in January of the next year. Members of the Economic Welfare Committee gave the Minister a detailed description of the grievances that they held. The Health Department's report of the meeting gave a rather scathing view of the N.Z.R.N.A.. The Report describes the N.Z.R.N.A. as

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<sup>64</sup> Minutes of the Economic Welfare Committee, 25-26 June 1965 (W.T.U., N.Z.N.A. box 4)

<sup>65</sup> Minister of Health to N.Z.R.N.A., 10 December 1965 (N.A. H1 32889)

<sup>66</sup> N.Z.R.N.A. to Minister of Health, 17 December 1965 (N.A. H1 32889)

"either naive or misled" and described Mrs Pickard as "introducing threats" if maximum rates for senior staff were not increased. The Minister told the Association that he agreed with its proposal for a tribunal and said that, with Government approval, a formal type of conciliation machinery could be established to discuss the anomalies the Association had found in the Regulations.<sup>67</sup> Once again the N.Z.R.N.A. had come away from a deputation still uncertain of when its demands would be met with regard to both salary increases and negotiation machinery.

The Health Department's report of the meeting illustrates that the Department was not particularly concerned with the demands of the N.Z.R.N.A. It stated that when the N.Z.R.N.A. had left the Minister "indicated that because of the relatively high earnings of nurses generally now, he was not unduly concerned at any threats of publicity".<sup>68</sup> This comment indicated that neither the Minister nor the Government saw the N.Z.R.N.A. as any threat.

A further meeting took place between representatives of the N.Z.R.N.A., the Health Department and Mr Lythgoe in February, when it was put to the N.Z.R.N.A. that it could only expect to get the same overtime and penal rate limits as the Public Service and that these could only apply from 1 April 1966.<sup>69</sup> No agreement had been reached between the parties. The N.Z.R.N.A. took this information back for discussion. The N.Z.R.N.A. decided at its annual conference that it

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<sup>67</sup> "R.N.A. Salaries and Conditions of Employment," notes on meeting of deputation with Minister 5 p.m. 26 January 1966 (N.A. H1 32889)

<sup>68</sup> *ibid.*

<sup>69</sup> Notes on meeting between R.N.A. and the Health Department 15 February 1966 (N.A. H1 32889)

would go ahead with its request that maximum allowable earnings be increased for nurses receiving overtime and penal rates.

Once again, the Minister prolonged proceedings by suggesting that the Association consult other members of C.C.H.E.O. regarding its request for increased maximum rates. He argued that under a tribunal system the maximum rates that the N.Z.R.N.A. had decided upon may apply to other hospital employees in the future. The N.Z.R.N.A. followed the Minister's instructions and prepared submissions on maximum limits, board and lodging, education allowances and sick leave. The Association asked the Minister if it could begin negotiations on these matters with another consultative committee.

Submissions were finally presented in August to a special committee comprising representatives of the State Services Commission, the Health Department, and the Hospital Boards Association. Negotiations took place between the Association and the Consultative Committee and then, in October, the Minister sought the approval of Cabinet to amend the 1965 Regulations. The amendments were finally approved in January 1967. They were relatively minor and, at its meeting in May 1967, the Economic Welfare Committee pointed out that the issues of payment for those who held post-graduate diplomas were still outstanding, as were allowances for those other than domiciliary staff.<sup>70</sup>

It appeared that wages and conditions would continue to be a problem for the Association until there was adequate machinery for wage and salary negotiations in place. The Association continued to call for better wages and conditions at its annual conferences and resolved that the Economic Welfare Committee be asked to continue to fight for

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<sup>70</sup> Minutes of the Economic Welfare Committee, 8 May 1967 (W.T.U., N.Z.N.A. box 4)



revisions in nurses' present conditions and wages. There were adjustments to wages and conditions of employment during the closing years of the decade, but these were slight. In 1969 it was recognised by the Association that because of changes and the fact that adjustments were retrospective many nurses "only had a vague idea of their entitlements".<sup>71</sup> The Association then made a promise to keep members informed by publishing updates of regulations in the Journal.<sup>72</sup>

The Association realised that the present system was confusing to its members. Meanwhile the Economic Welfare Committee was kept busy by continuing to answer queries and requests from members regarding wages, while still fighting for the hospital service tribunal that was desperately needed.

#### NEW NEGOTIATING MACHINERY

It was five years after the 1965 Regulations before the N.Z.R.N.A. had access to the formal tribunal for fixing wages and conditions which they had considered since 1962. During this time the Association continued to examine ways to get its proposal approved and continued to apply pressure to the Minister of Health by constant correspondence. It was only through great perseverance that the N.Z.R.N.A. could go into the next decade knowing that it had more power on the industrial relations front.

Whilst still considering the 1965 Regulations the Association asked the Minister what was to be done regarding the tribunal in a deputation in May 1965. He agreed that something would be done when the Association had the support of some more hospital groups and the

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<sup>71</sup> N.Z.N.J., vol.62, no.1, (1969), p.4

<sup>72</sup> ibid.

Hospital Boards Association.<sup>73</sup> The N.Z.R.N.A. then set about the task of ensuring that they had even more support for the tribunal. In May 1966 there was a joint meeting held between the members of C.C.H.E.O., the Hospital Boards Association, the State Services Commission and the Department of Health. At this meeting it was generally agreed that the type of hospital service tribunal first envisaged by C.C.H.E.O. would be drafted into legislation. From the tone of the report of the meeting by Margaret Pickard it seemed hopeful that the Bill would face with no real opposition.<sup>74</sup>

This view was supported by the Chairman of the State Services Commission who, at a meeting with C.C.H.E.O., described the Salaries Advisory system as being "perhaps already an anachronism when first introduced."<sup>75</sup> After the form the tribunal would take was agreed upon, the necessary legislation was drafted. The Minister advised C.C.H.E.O. that the legislation could not be introduced into the parliament in 1966.

During the time that the Association was negotiating with the Government over the matter of a tribunal, it set about consulting its members about the implications of the Bill establishing a hospital services tribunal. In November 1965 a memorandum was sent to the local branches of the Association describing the wage fixing machinery envisaged by C.C.H.E.O. and explaining the faults of the system already in place. It then gave a brief history of the Association's

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<sup>73</sup> Christchurch Press, 19/5/1965, p.3

<sup>74</sup> Circular to Economic Welfare Committee, Dominion Executive, Headquarters Committee from M. Pickard Dominion Secretary. re C.C.H.E.O. meeting 17 May 1966 (W.T.U., N.Z.N.A. box 4)

<sup>75</sup> N.Z.N.J., vol.59, no.9, (1966), p.6

efforts to obtain a new hospital services tribunal.<sup>76</sup> This was followed in September 1966 by an article on similar lines published in the Journal.<sup>77</sup> After this, however, there was little reported on the proposed tribunal in the Journal, which perhaps reflected the uncertainty and despondency amongst Association leaders about the lack of progress.

After the Association learnt that the tribunal legislation was not to be introduced to parliament in 1966 it hoped that it would go through in the near future. However, the Minister apologised to the N.Z.R.N.A. in May of 1967 that the Bill had still not gone through Parliament since the drafting of the Bill "proved a much bigger task than was expected."<sup>78</sup> This constant line of promises had continued for nearly five years and the N.Z.R.N.A. still did not know if it was to have a tribunal. The Minister was finally able to give C.C.H.E.O. a definite answer in August 1967. However, it was not the decision which it wanted. The Government had decided to shelve the Hospital Conditions of Employment Bill.

The reason given for the shelving of the Bill was that a Royal Commission into salary and wage fixing procedures in the State services was to meet in 1968. The Commission could "investigate the desirability of coordinating the methods of determining pay and conditions of employment in the State Services" and by this it meant those who operated under mainly state funding or control such as

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<sup>76</sup> N.Z.R.N.A. memorandum to branches, November 1965 (W.T.U., N.Z.N.A. box 4)

<sup>77</sup> N.Z.N.J., vol.59, no.9, (1966), p.6-9

<sup>78</sup> Inaugural address by D.N. McKay (Minister of Health) to N.Z.R.N.A. Annual Conference 1967, N.Z.N.J., vol.60, no.6, (1967), p.9

hospital workers were included.<sup>79</sup> The N.Z.R.N.A. did not give up and presented submissions to the Commission regarding the possibility of a hospital services tribunal being established.<sup>80</sup> In November 1968 discussions took place between the Department of Health and representatives of the Association in which the Government proposed a single service tribunal for State Service employees. The Association accepted this, in principle, pending an opportunity for more discussions when the Bill was drafted.<sup>81</sup>

Once again, the Association and the other members of C.C.H.E.O. had to wait. C.C.H.E.O. continued to ask the Minister when it would get some results and asked that a hospital Services tribunal be set up immediately.<sup>82</sup> The Minister replied that this was very unlikely and that legislation does take a long time to prepare.<sup>83</sup>

Finally the State Services Conditions of Employment and Remuneration Act was passed into law in October 1969. The Act was to become the backbone of wage fixing procedures in the Public Service. A new across-the-board tribunal was established for the state services and its chairperson also chaired the single service tribunals. The Government was forced to look at the legislation again in 1972 as many public servants were not happy with the new law. More importantly, the

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<sup>79</sup> Salary and Wage Fixing Procedures in the New Zealand State Services- Report of the Royal Commission of Inquiry, (Wellington: Government Printer, 1968), p.2

<sup>80</sup> Irene Krause, "A Perspective on Industrial relations in Nursing In New Zealand," (M.A., University of Otago, 1978), p.80

<sup>81</sup> Dominion Secretary N.Z.R.N.A. to Minister of Health, 6 May 1969 (W.T.U., N.Z.N.A. box 4)

<sup>82</sup> C.C.H.E.O. to Minister of Health, 24 January 1969 (W.T.U., N.Z.N.A. box 4)

<sup>83</sup> Minister of Health to C.C.H.E.O. 10 February 1969 (W.T.U., N.Z.N.A. box 4)

N.Z.R.N.A. had the machinery for the negotiation, conciliation and arbitration of its claims relating to wages and conditions of employment. The Association could now lodge a claim with the Minister of Health and then negotiate it with the Hospital Service Committee (whose members represented the Hospital Boards Association, Department of Health and the State Services Commission) and if agreement was not reached it would go to the Hospital Service Tribunal for arbitration. After nearly a decade of constant struggle the N.Z.R.N.A. finally had an adequate system of negotiation.

#### P.S.A. NURSES AND PRIVATE HOSPITAL NURSES.

##### THE P.S.A. AND NURSES

The 1960s were also a period of constant struggle for mental health nurses and nurses working in the private sector. Unfortunately at the close of the decade these nurses were in no better position than before. This is especially true for mental health nurses who feared that it was quite possible that they would lose the pay lead they enjoyed over public hospital nurses.

Throughout the 1960s mental health nurses were, as Krause describes, "far from satisfied" with their wages and working conditions.<sup>84</sup> These nurses did have penal rates and better pay than public hospital nurses, but the hospitals in which they worked were grossly under-staffed. In 1966 mental hospital nurses gained an eight hour day but, at the same time, the government imposed staff ceilings and turned down requests by the Health Department for extra staff. Nurses were performing both nursing duties and domestic duties due to the staff shortages.

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<sup>84</sup> Irene Krause, p.65

Unlike public hospital nurses mental health nurses took industrial action. In 1968 since the Government had not met their demands for more staff and wages, nurses at Kingseat Hospital adopted a work-to-rule stance and were joined by staff in most other mental hospitals. The nurses were also supported by both the doctors and the Federation of Labour.<sup>85</sup>

The Government made the next move by announcing that responsibility for psychiatric hospitals would soon lie with the hospital boards and not the Health Department. A bill was introduced in parliament in 1968 providing for this change but was then held over. Roth sees this transfer as the government escaping "responsibility for years of neglecting mental hospitals."<sup>86</sup>

The P.S.A. and the nurses became very worried that the pay lead mental health nurses enjoyed over public hospital nurses would be lost if these nurses lost their right to be represented by the P.S.A.. The P.S.A. ensured it was known that it had helped mental health workers improve their pay and conditions of employment. When the Bill transferring psychiatric hospitals to hospital boards was reintroduced in June 1969, the P.S.A. asked the Government if staff could return to the public service within a year of transfer. This request was rejected but the government promised that staff interests would be protected.

Mental Health nurses were unsure of their future after 1 April 1972 when all psychiatric hospital were to be transferred to hospital boards. The early 1970s were a time of protest on the part of mental health workers who were finally assured by the Government in 1972 that

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<sup>85</sup> Bert Roth, p.193

<sup>86</sup> *ibid.*, p.193

the P.S.A. had gained interim recognition to represent them.<sup>87</sup> It was also decided that mental health nurses would maintain the pay lead they enjoyed over the general nurses.

The differences between the P.S.A. and the N.Z.R.N.A. were brought to light in the 1960s in other aspects of industrial relations apart from industrial action. In 1965 when it was decided that male nurses would be admitted into the N.Z.R.N.A. in the near future, the N.Z.R.N.A. made it clear to the P.S.A. that "negotiation of conditions of employment of all nurses in the mental health services are very well covered by their membership of the Public Service Association."<sup>88</sup> This was so male nurses could continue to have better pay and conditions which could be used as a comparison for further demands. The N.Z.R.N.A. had asserted that the organisations were quite different.

The P.S.A. wished to assert this difference in claims for increased salary scales which it made in May 1968. It wished to make it clear that salaries for public hospital nurses should not be used as a benchmark for salary rates in mental hospitals, since those in public hospitals had their rates imposed because of inadequate negotiating machinery. The State Services Commission called upon the N.Z.R.N.A. to rebut this claim.<sup>89</sup>

Margaret Pickard attended the hearing and gave evidence on behalf of the N.Z.R.N.A.. In her evidence she painted a rather rosy picture

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<sup>87</sup> Shona Carey, "Professionalism and Unionism: Transcending the Conflict," Objects and Outcomes: New Zealand Nurses' Association 1909-1983, ed. M. Gibson Smith and Y.T. Shadbolt (Wellington: N.Z.N.A., 1984) p.40

<sup>88</sup> Dominion Secretary, N.Z.R.N.A. to Secretary of P.S.A., 1 November 1965 (W.T.U., N.Z.N.A. box 2)

<sup>89</sup> State Services Commission (I.L. Lythgoe) to Dominion Secretary N.Z.R.N.A., 3 May 1968 (W.T.U., N.Z.N.A. box 2)

of the wage fixing procedure for public hospital nurses under the temporary Consultative Committee. She mentioned that the Association had pressed for a tribunal as an insurance or to act as "an appellate body".<sup>90</sup> In the report of the evidence it appears that Margaret Pickard did not express the level of dissatisfaction that she formerly had expressed about inadequate negotiating machinery. It must be remembered that nurses in the public hospitals were not paid the same as those in psychiatric hospitals and this came from the idea that mental health nursing was worth more in terms of remuneration than general nursing. At the time Margaret Pickard was involved in trying to improve wages of general nurses and so it would not be in the N.Z.R.N.A.'s interest to help the P.S.A. maintain the pay lead which psychiatric nurses enjoyed since this would feed into the myth that general nurses were not worth as much as mental health nurses. If the pay lead was maintained nurses could see that membership of the P.S.A. was far superior to that of the N.Z.R.N.A. Margaret Pickard was also aware that she should not become off-side with the State Services Commission because, if she did, the proposed hospital services tribunal would be in danger. Another difference between the P.S.A. and the N.Z.R.N.A. was illustrated in their attitudes towards the Royal Commission of Inquiry into State Pay Fixing. For the N.Z.R.N.A. it meant that it had the chance of gaining its long awaited tribunal. The P.S.A., however, had something to lose and it feared that the object of the inquiry was to erode its existing rights.<sup>91</sup> The P.S.A.

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<sup>90</sup> Transcript of evidence from Margaret Pickard to Government Service Tribunal 22 May 1968, p.10 (W.T.U., N.Z.N.A., box 2)

<sup>91</sup> Bert Roth, p.192



had conditions to protect whereas the N.Z.R.N.A. still had many rights of employment to gain.

#### NURSES IN THE PRIVATE SECTOR

Private nurses were worse off than other nurses in New Zealand regarding employment rights. In the late 1960s private nurses told the N.Z.R.N.A. that they needed their own separate union. If the N.Z.R.N.A. did not help them, they could have been under the umbrella of another union.<sup>92</sup> Private nurses did have the support of the N.Z.R.N.A., which did not want its nurses in the private sector to turn towards an industrial union that did not have ties with it. It was not, however, until 1971 that the Annual Conference decided to explore avenues and take action for securing the right of negotiation for private sector nurses.<sup>93</sup> The only way to do this was by registering them as a union under the Industrial Conciliation and Arbitration Act. Private sector nurses finally had their own union in 1973 set up by the N.Z.R.N.A.. It was called the New Zealand Nurses Industrial Union of Workers. The union and the N.Z.R.N.A. continued to have strong links as these nurses still relied on the Association for professional representation.

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The 1960s were a time when the N.Z.R.N.A. gave industrial relations a higher degree of attention. The Association had not used blue collar union tactics such as strikes to gain the changes it needed. It waited

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<sup>92</sup> Irene Krause, p.72

<sup>93</sup> Shona Carey, p.38

for almost a decade to gain a system of wage and condition fixing which would give it more power. The Association had used white collar union tactics such as deputations but this did not affect its professional position. It was not the rank and file nurses who made the changes, the N.Z.R.N.A. had got in first so that it could control any change to industrial relations.

The Association established itself as a leader amongst other hospital workers who were not covered by industrial unionism. It was the major force in the inception of C.C.H.E.O. and then it continued to keep the organisation alive by using its own leaders as key positions in the organisation. The N.Z.R.N.A. was quite different from the P.S.A. which had achieved better pay and conditions for their members by being industrially active. It appeared that the N.Z.R.N.A. had achieved a balance between becoming active in industrial relations and maintaining a professional and genteel front.

## CHAPTER SEVEN

### CONCLUSION

The N.Z.R.N.A. was successful in securing change in both the professional status and in the industrial relations arrangements for nurses in the 1960s. Margaret Pickard stated in 1969 that the Association may not have planned the change which occurred between the late 1950s and late 1960s, but this period "might truly be said to be a decade of development in every respect".<sup>1</sup> The Association had managed to improve the professional and financial status of its members. Nursing had changed from a vocation at the turn of the century to a semi profession which was very close to becoming a profession by the end of the 1960s. The N.Z.R.N.A. had recognised that a notion of professionalisation, which concentrated on the self-sacrificing, womanly, aspect of nursing, would have to change if nursing was to be recognised as a profession.

There was a crisis in nursing in the 1960s. Technology and health care had changed which brought about different attitudes to nursing. Nursing education standards were poor, and this was illustrated by the high failure rate of state final candidates in 1964 and by Britain's decision to withdraw from the agreement it had with New Zealand for the reciprocal registration of nurses. Many good nurses were leaving the profession. Nursing educators, themselves, had limited educational opportunities in New Zealand. The N.Z.R.N.A. took it upon itself to alter this situation of chaos, since it was not only harmful to the

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<sup>1</sup> N.Z.N.J., vol.62, no.9, (1969), p.16

public good, but it also meant that the professional status of nursing was endangered.

The first response to the crisis was in education. University education was seen as a good way to ensure that the quality of nursing education was improved and the status of nursing was enhanced. The N.Z.R.N.A. made it its goal to bring nursing education into the universities. It wanted both an under-graduate and a post-graduate degree. Although the Association had raised awareness of the need for this type of nursing education it was not successful in securing a new university education course for nurses in the 1960s. The Health Department did support the Association in its bid for university education, but it could not finance university education. The University Grants Committee would not grant the money either. It should not have been the Health Department's responsibility to pay. If nursing was to be a university subject, money should have come from the education vote as it did for other university courses. It was difficult to convince the University of the need for nursing education, within in universities, when the standard of nursing education, as it was, was not particularly high. The Association attempted to rectify this with its support for school certificate as a minimum qualification for entry into nursing. This support was to ensure that the wastage rate of nursing trainees was eliminated and it was also to improve the educational status of nursing.

The Association showed that it was very concerned with its professional status in its attitude towards public relations. The N.Z.R.N.A. needed the support of nurses so that it could be seen as a body truly representative of the professional needs of nursing. The

N.Z.R.N.A. employed a public relations consultant not only to improve its image with the general public but also with nurses.

The Association then had to ensure that it was seen as the only organisation capable of representing the professional needs of nurses. It pointed out that it was quite different from the P.S.A. which was tainted with industrial unionism. The attitude that the N.Z.R.N.A. took to the P.S.A. showed that it was intent on maintaining its professional rights. By allowing male nurses into its membership the N.Z.R.N.A. increased its dominance in professional matters. The creation of a public relations committee meant that the issue of public relations was kept alive during the decade. The Association was guarded in its attitude towards the press. The comments it made were assertive and it dealt with issues promptly.

Generally, the Association was well aware of the necessity to pay constant attention to its professional status. Its attitudes towards education and public relations were good examples of this. If we return to the seven attributes of a profession, which were examined in Chapter One, we can see that the Association did move closer towards becoming a profession in the 1960s.

The 1960s had been an ideal time to show that nursing did in fact need to have its own body of knowledge developed. It appeared almost that a crisis was required so that this would be appreciated. The N.Z.R.N.A.'s arguments for a better nursing education system were echoed in Government reports at the close of the decade. This showed a change from the pre-1960 period since the Health Department now realised that nursing knowledge did need to be in its own educational setting to develop. Nursing, did have a body of knowledge, but its development was hampered by a lack of institutional support.

The professional authority, or autonomy of nursing would only change when the nursing education system improved. It is significant, however, that it was nurses who were now responsible for carrying out reports on nursing. Both Alma Reid and Dr. Helen Carpenter were nursing educators overseas. It did appear that it was recognised that it was possible to have "expert" nurses.

The N.Z.R.N.A. maintained the powers and privileges given to it by the community such as representation on the Nurses and Midwives Board. The distinction that the Association had made with the P.S.A. was another way of asserting this.

The service ethic of nursing had changed. The N.Z.R.N.A. had begun to demand benefits for nurses publicly. It asked for better educational standards as well as improved pay and conditions. These things had to change if nursing was to continue to professionalise. Higher education and pay would attract a greater number of quality recruits, which would in turn increase the status of nursing. The attempt to eliminate the domestic element of registered nurses' jobs by the creation of the community nurse also helped to change the service ethic. It was no longer feasible in an increasingly technological environment to do domestic duties in the name of service. Nurses were still expected to be good caring women but they could relax the self sacrificing element of service somewhat.

Nursing culture remained very strong. The Public Relations Committee's attempted to publish a history of nursing in New Zealand is an example of the importance the Association attached to its heritage. Nursing was only just beginning to change its career structure. By 1967 nurses were beginning to "live out" which meant that they could marry and remain nursing. However, if they had

children many still had to resign since there was little or no provision for childcare. At the end of the decade single women still dominated the top of professional nursing. These women had made nursing a career and held high posts in hospitals and the Association. Some aspects of the socialisation of new nurses would soon break down with the move from education in hospitals to separate training institutions. This would break down the rigid military structure which had plagued nursing for too long.

The N.Z.R.N.A. was successful in its attempts to enhance nursing's professional status. What was remarkable was that it had done this while becoming more assertive on the industrial relations front. It is significant that change in industrial relations occurred because of pressure from the top of the nursing profession and not from the bottom. It appears that the N.Z.R.N.A. sought changes in industrial relations before the nurses on the wards had a chance to do so themselves. This way the Association could control how demands were made. It did not want to put nursing's status in jeopardy.

The Association had, indeed, used white collar union tactics such as lobbies and deputations to improve its member's economic position. Historically the N.Z.R.N.A. had demonstrated opposition to the principles of trade unionism, which not only put self before others, but would have lowered the prestige of the profession. Unionism was in direct conflict to nursing's strong service ethic.

The Association had no alternative but to change its strategy in the 1960s. Equal pay did not increase nurses' wages by the amount which was hoped for. The Association responded to the situation by preparing extensive submissions to the Salaries Advisory Board in 1963. It then had to wait another eighteen months for the outcome of the submissions.

Meanwhile the Association, under the guidance of the I.C.N., had begun to make demands for the changing of its negotiation machinery. Adequate negotiating machinery was not granted until 1969 and at this time wages and conditions of nurses were far from perfect.

The Association displayed a great deal of patience regarding industrial relations matters. It would have been tempting to strike or cause a public outcry out of its frustration. The Association may have been able to achieve its ends faster by being more forceful but since its professional status was not established it could not afford to take risks. The ground work for an improved system of industrial relations had been laid. Nurses in the wards were for the most part not active on the industrial relations front since they still subscribed to the service ethic.

The crisis in the 1960s had made the time ripe for changes in both professional matters and economic welfare matters. The Association had been calling for professional recognition right from the beginning of the decade. Its demands were not heard and acted upon until the 1960s. International trends in nursing helped the N.Z.R.N.A. to get its demands met. Nursing was still not regarded as a full profession nor did it have an effective system of industrial relations, but the N.Z.R.N.A. had laid the foundations for improvement in both these areas. It had managed to do this in a manner which for the most part was modest yet assertive. Subsequently, the Association has begun to function like a trade union, while at the same time nursing has become recognised as more of a profession.



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